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April 15, 2025

# MISSOURI



# REGISTER

Denny Hoskins  Secretary of State

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| February 2, 2026<br>February 17, 2026   | March 2, 2026<br>March 16, 2026         | March 31, 2026<br>March 31, 2026         | April 30, 2026<br>April 30, 2026         |
| March 2, 2026<br>March 16, 2026         | April 1, 2026<br>April 15, 2026         | April 30, 2026<br>April 30, 2026         | May 30, 2026<br>May 30, 2026             |
| April 1, 2026<br>April 15, 2026         | May 1, 2026<br>May 15, 2026             | May 31, 2026<br>May 31, 2026             | June 30, 2026<br>June 30, 2026           |

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at [sos.mo.gov/adrules/pubsched](https://sos.mo.gov/adrules/pubsched).

## HOW TO CITE RULES AND RSMO

### RULES

The rules are codified in the *Code of State Regulations* in this system–

| <b>Title</b> | <b>CSR</b>         | <b>Division</b> | <b>Chapter</b> | <b>Rule</b>   |
|--------------|--------------------|-----------------|----------------|---------------|
| 3            | <i>Code of</i>     | 10-             | 4              | 115           |
| Department   | <i>State</i>       | Agency          | General area   | Specific area |
|              | <i>Regulations</i> | division        | regulated      | regulated     |

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

### ***Code and Register on the Internet***

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is [sos.mo.gov/adrules/csr/csr](http://sos.mo.gov/adrules/csr/csr)

The *Register* address is [sos.mo.gov/adrules/moreg/moreg](http://sos.mo.gov/adrules/moreg/moreg)

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

## TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 30 – Division of Regulation and Licensure

#### Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

#### EMERGENCY RULE

##### 19 CSR 30-30.062 Complication Plans for Certain Drug- and Chemically- Induced Abortions

**PURPOSE:** This rule establishes the standards governing complication plans required by section 188.021, RSMo. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

**EMERGENCY STATEMENT:** Section 188.021, RSMo, requires physicians who use “any drug or chemical” for “the purpose of inducing an abortion” to “obtain approval from the department of health and senior services of a complication plan from the physician for administration of the drug or chemical to any patient.” The law also gives the Department of Health and Senior Services (DHSS) the authority to “adopt rules, regulations, and standards governing complication plans to ensure that patients

undergoing abortions induced by drugs or chemicals have access to safe and reliable care.” Section 188.021(3), RSMo. DHSS has issued regulations governing complication plans at 19 CSR 30-30.061. On December 20, 2024, a court preliminarily enjoined enforcement of 19 CSR 30-30.061 as it pertains to complication plans. See Order at 14-15, *Comprehensive Health of Planned Parenthood Great Plains v. Missouri*, 2416-CV31931 (16th Cir. Ct. Mo. Dec. 20, 2024). The Court found that the regulation might interfere with Missouri’s right to reproductive freedom under Article I, § 36 of the **Missouri Constitution**. But the Court specifically declined to enjoin section 188.021, RSMo: “The Court finds the language of § 188.021.2 does not necessarily deny, interfere with, delay or otherwise restrict reproductive freedom.” Id. at 14. Accordingly, the statutory requirement for a complication plan still exists, but the enabling regulation is enjoined.

No abortion facility or physician submitted a complication plan for DHSS’s approval until February 19, 2025. In light of the recent preliminary injunction, DHSS has determined that this emergency regulation is necessary to replace the regulations in 19 CSR 30-30.061. This regulation will protect Missourians’ access to “safe and reliable care.” section 188.021.3, RSMo.

Abortion inducing drugs create serious public health risks. The Food and Drug Administration’s label for the abortion drug Mifepristone states that up to roughly one in 20 women (4.6%) who take abortion drugs will require emergency room care, with up to seven percent requiring a “surgical procedure because the pregnancy did not completely pass from the uterus or to stop bleeding.” FDA-Approved Label for Mifepristone (Mifeprex) (Jan. 2023), [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/020687Orig1s025Lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf) (Mifeprex 2023 Label). This means that if an abortion facility performs 10 chemically induced abortions each month, they should expect that six women will be forced to go to the emergency room each year.

Moreover, studies show that the complication rate is much higher for chemical abortions than for surgical abortions. Chemical abortions are “5.96 times as likely to result in a complication as first-trimester aspiration abortions.” Ushma D. Upadhyay, et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175, 181 (Jan. 2015). Up to 20% of chemical abortions resulted in adverse events such as hemorrhage. “The overall incidence of adverse events was fourfold higher in the medical compared with surgical abortion cohort (20.0% compared with 5.6%,  $P<.001$ ).” Niinimäki M., et al., *Immediate Complications After Medical Compared With Surgical Termination of Pregnancy*. *Obstet. Gynecol.* 2009 October; 114(4): 795-804. These risks increase with gestational age. The FDA’s own label notes that the percentage of surgical interventions due to incomplete chemical abortion is just over ten times higher for women at 64–70 days gestation than for women at less than or equal to 49 days gestation. (Mifeprex 2023 Label) Accordingly, continuity of care is especially important for women who obtain chemical abortions.

For those reasons, DHSS finds that the use of abortion inducing drugs without a complication plan poses “an immediate danger to the public health, safety or welfare” and that this “rule is necessary to preserve” the State’s “compelling governmental interest” in ensuring that section 188.021, RSMo, is enforced and protecting Missourians from the health and safety risks created by abortion inducing drugs. section 536.025.1(1), RSMo. DHSS has followed procedures “which comply with the protections extended by the **Missouri and United States Constitutions**.” section 536.025.1(2), RSMo.

This emergency rule is also “calculated to assure fairness to all interested persons and parties under the circumstances” and limited in scope to “the circumstances creating an emergency and requiring emergency action.” section 536.025.1(3)-(4), RSMo.



*The circuit court's preliminary injunction order held that section 188.021, RSMo, "does not necessarily deny, interfere with, delay or otherwise restrict reproductive freedom." See Order at 14, Comp Health, 2416-CV31931. The court found that the statute's implementing regulation could interfere with Article I, § 36 of the Missouri Constitution because the geographic scope of the regulation was not properly tailored to improve or maintain the health of the person seeking care. The court explained, "[A] person who travels three hours to get a medication abortion and then returns home, would not benefit from this requirement. If complications arise after taking the medication, the individual would need to seek emergency care at the nearest hospital emergency room, as with any other medical emergency." Id. at 14-15. The Court took no other issue with the previous regulation. This emergency rule is limited in scope to address the tailoring problem identified by the court's preliminary injunction order—the only problem the preliminary injunction order identified. The rule will ensure that women can quickly and safely receive proper emergency care for abortion-related complications at a convenient location.*

*This emergency rule is under protective, but the current preliminary injunction prohibits enforcement of a regulation that fully protects women from the heightened complication risks of chemically induced abortions. This regulation thus seeks to protect health as much as possible in light of the recent preliminary injunction. Should that preliminary injunction be lifted, DHSS will assess whether to rescind this emergency rule and enforce the previous, more-protective regulation.*

*A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Department of Health and Senior Services believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed March 13, 2025, becomes effective March 27, 2025, and expires September 22, 2025.*

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility—Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) Local Area—The area within a twenty-five (25)-mile radius of the location where the physician dispenses the abortion producing drug.

(G) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology,

or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG approved residency;

(H) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Each abortion facility shall confirm with the patient the location where the patient will complete the drug-induced abortion. Complication plans shall provide for situations when the patient will complete the abortion in the local area as specified in subsection (3) and situations where the patient will complete the abortion outside the local area as specified in subsection (4).

(3) Complication plans for facilities that provide drug-induced abortions to ten (10) or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than seven (7) days after the most recent chemically induced abortion.

(B) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(C) An OB/GYN who is a staff member or consultant to the abortion facility may have a written agreement to treat complications under a complication plan.

(D) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where

doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(E) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(F) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department.

(G) The abortion facility shall ensure that before discharge, every patient from the local area who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(H) An abortion facility may request a waiver to the requirement that an OB/GYN or OB/GYN group be on call to treat complications. If an abortion facility cannot contract with an OB/GYN or OB/GYN group to provide treatment for abortion-pill complications, the abortion facility must request to contract with another qualified physician or physician group to fulfill the requirements in subsection (3) of this rule. The waiver request shall include:

1. An explanation of the abortion facility's recent, unsuccessful efforts to contract with an OB/GYN or OB/GYN group. The explanation shall include the OB/GYN or OB/GYN groups that were contacted and the date they were contacted.

2. The name of the physician or physician group that will provide treatment for complications instead of the OB/GYN or OB/GYN group.

3. An explanation of how the physician or physician group is qualified to address complications to a similar degree as an OB/GYN.

4. A statement that the physician will comply with all of the requirements in subsection (3) of this rule that would normally be fulfilled by an OB/GYN or OB/GYN group.

(4) Complication plans for all facilities for drug-induced abortions for patients outside the local area.

(A) Every complication plan shall include provisions for patients who will complete the abortion outside of the abortion facility's local area. When a physician determines that a patient will complete the abortion outside the local area, the complication plan shall require that the physician shall do the following:

1. Identify the patient's primary-care physician or OB/GYN. If the patient does not have a primary care physician or OB/GYN, the physician shall identify an OB/GYN within a reasonable distance of the location where the patient will complete the abortion.

2. Identify the closest emergency room to the location where the patient will complete the abortion and to the patient's home, if that is a different location.

3. Inform the patient about the steps to take in the event she has complications from the abortion. The physician shall explain the possible complications from abortion inducing drugs as set out on the United States Food and Drug Administration's approved label for the abortion-inducing drug and explain that the FDA has recognized that up to four and six tenths percent (4.6%) of women receiving chemically induced abortions have sought treatment at an emergency room

4. Provide the patient with a letter describing the patient's relevant medical history and prescribed medications, including all medications prescribed to induce the abortion, to present to the patient's local OB/GYN practice or emergency room in the event she suffers complications. The letter must include the prescribing physician's name and contact information, information about the abortion drugs prescribed, and an overview of the patient's relevant medical history.

5. If complications occur, the prescribing physician must attempt to contact the treating physician or patient as soon as reasonably possible after learning about the complication in order to fully brief the treating physician on the patient's relevant medical history. If the prescribing physician is unable to contact the treating physician within eight (8) hours, the prescribing physician may leave a message and contact information at the facility where the patient is being treated.

6. The physician who prescribed the abortion-inducing drugs must take all reasonable measures to follow up with any patient who has suffered complications from an abortion-inducing drug within twenty-four (24) hours of learning of the complication. If the physician is unable to contact the patient within twenty-four (24) hours, he or she must continue to attempt to contact the patient once a day for an additional seventy-two (72) hours. If the physician is unable to contact the patient after ninety-six (96) hours, the physician must document the attempts to contact the patient and the reason for the inability to schedule the follow-up appointment. The follow-up appointment may be in person or via a telehealth visit.

(B) If the prescribing physician does not treat a patient's complications, the prescribing physician shall explain to the physician treating a patient's complication the need to prepare a complication report as required by section 188.052, RSMo, and ensure that it is submitted to the department.

(5) Submission of complication plans to the department.

(A) The physician or abortion facility shall submit complication plans to the department for approval in writing. In addition to the plan, the physician or abortion facility shall provide at least the following information in writing:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN or other physician who will provide complication coverage for patients in the local area, or if an OB/GYN or other physician group will provide coverage, the full legal name of the group and the full name of each OB/GYN or other physician who is part of the group;

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention;

4. Documents establishing that each OB/GYN who will provide complication coverage for patients in the local area

under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, subject to the exception in waiver (3)(H) of this rule; and

5. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage for patients in the local area, subject to the waiver in subsection (3)(H) of this rule. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(B) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN or physician coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(C) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

(6) The department will assess whether to rescind this emergency rule if the preliminary injunction prohibiting enforcement of 19 CSR 30-30.061 is lifted prior to the expiration date of this emergency rule.

*AUTHORITY: section 188.021, RSMo Supp. 2024. Emergency rule filed March 13, 2025, effective March 27, 2025, expires Sept. 22, 2025. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

*PUBLIC COST: This emergency rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency rule will cost private entities between zero (0) and \$1,026,562.50 in the time the emergency is effective.*



**FISCAL NOTE  
PRIVATE COST**

- I. Department title: Health and Senior Services  
Division title: Regulation and Licensure  
Chapter title: Ambulatory Surgical Centers and Abortion Facilities**

|                            |   |
|----------------------------|---|
| <b>Rule number/name:</b>   | 19 CSR 30-30.062 / Complication Plans for Certain Drug- and Chemically- Induced Abortions |
| <b>Type of rulemaking:</b> | Emergency Rule  |

**II. SUMMARY OF FISCAL IMPACT**

| Estimate of the number of entities by class that would likely be affected by adoption of the rule: | Classification by type(s) of the business entities that would likely be affected by adoption of the rule:  | Estimate in the aggregate as to the cost of compliance with the rule by the affected entities: |
|--|--|--|
| <b>0-9</b>   | <b>Abortion Facilities, as that term is defined in section 188.015, RSMo, providing drug-induced abortions to 10 or more women a month in the local area</b> | <b>\$0 - \$1,026,562.50 during emergency rule effective period</b>                             |

**III. WORKSHEET**

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

**19 CSR 30-30.062(3) Complication plans for facilities that provide drug-induced abortions to 10 or more women a month in the local area.**

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than 7 days after the most recent chemically induced abortion.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is \$228,125. See assumptions below for more information about this amount.

Total annual cost across providers:

Min = \$228,125 per year x 0 medication abortion providers = \$0 per year

Max = \$228,125 per year x 9 medication abortion providers = \$2,053,125 / year

This annual cost is reduced proportionally to cover the anticipated period when the emergency rule is effective, approximately 6 months.

Min = \$0 x (10 /12 months) = \$0

Max = \$2,053,125 x (6/12) = \$1,026,562.50

#### IV. ASSUMPTIONS

1. No cost is calculated for the development of complication plans required by section 188.015, RSMo as policy and procedure development is assumed to be part of the daily responsibilities of a facility administrator.
2. Planned Parenthood is the only provider known in Missouri at this time that desires to provide medication abortion services. There are nine (9) Planned Parenthood locations in Missouri. It is unknown how many of those facilities will provide medication abortions and therefore be required to comply with this rule. Due to that variable, the estimate of the number of entities affected by adoption of this rule is 0-9.
3. If no providers in Missouri choose to provide medication abortions, the aggregate cost of compliance with this rule will be \$0 per year.
4. 19 CSR 30-30.061 was filed in 2017 and cited an annual cost for 24/7 on-call OB/GYN services of \$182,500 per facility. Physician Side Gigs notes a roughly 25% increase in OB/GYN salaries from 2018-2023. *See* <https://www.physiciansidegigs.com/average-obgyn-salary>. Based on this information, the average annual cost of on call services is assumed to be \$228,125 per year.
5. The rule does allow for the use of non-OB/GYNs for on-call services in limited circumstances if no OB/GYN or OB/GYN group can be contracted. This variable will not impact the fiscal note because it is assumed that the cost of non-specialty providers will be less than the cost of OB/GYNs.
6. The total cost as calculated here is not reflective of a true cost increase to private entities. The existing regulation, 19 CSR 30-30.061, imposes stricter requirements on private entities that perform abortions. Because this is a new rule, this fiscal note does not take into account the costs that abortion facilities were already incurring to comply with 19 CSR 30-30.061. It is therefore likely that this rule will result in minimal, if any, actual realized cost increase for abortion providers. It may result in a cost decrease because it imposes fewer obligations on abortion facilities than the regulation it temporarily replaces.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER  
25-19

WHEREAS, I have been advised by the State Emergency Management Agency that the ongoing and forecast severe storm systems have caused, or have the potential to cause, damages associated with tornados, straight line winds, large hail, heavy rains, flooding and flash flooding affecting communities throughout the State of Missouri; and

WHEREAS, interruptions of public services are occurring, or anticipated to occur, as a result of the severe weather event starting on March 14, 2025, and continuing; and

WHEREAS, the severe storm systems beginning on March 14, 2025, and continuing, have the potential to create a condition of distress and hazard to the safety, welfare, and property of the people of the State of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, the State of Missouri will continue to be proactive where the health and safety of the people of Missouri are concerned; and

WHEREAS, the resources of the State of Missouri may be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

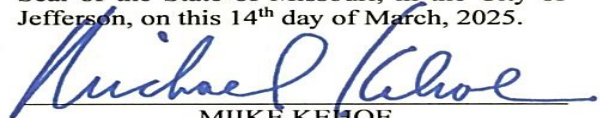
WHEREAS, invoking the provisions of Sections 44.100 and 44.110, RSMo, is required to ensure the protection of the safety and welfare of the people of Missouri.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri and direct the Missouri State Emergency Operations Plan be activated.

I further authorize direct state agencies to provide assistance as needed.

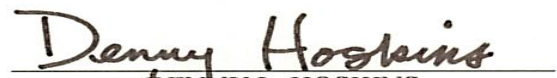
This Order shall terminate on April 14, 2025, unless extended in whole or in part.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 14<sup>th</sup> day of March, 2025.



MIKE KEHOE  
GOVERNOR

ATTEST:



DENNY L. HOSKINS  
SECRETARY OF STATE



**T**he text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

**E**ntirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

**A**n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

**I**f an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

**A**n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

**I**f an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

## TITLE 2 – DEPARTMENT OF AGRICULTURE

### Division 80 – State Milk Board

#### Chapter 2 – Grade "A" Pasteurized Milk Regulations

#### PROPOSED RULE

#### 2 CSR 80-2.005 Adoption of the *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration

**PURPOSE:** This rule incorporates *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration, which is the recommended ordinance for adoption by state and local governments for the sanitary control of Grade "A" milk and milk products.

**PUBLISHER'S NOTE:** The secretary of state has determined that the

*publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration provides an assessment of the regulatory agency's sanitation activities regarding public health protection and milk quality control. This is accomplished by evaluating sanitation compliance and enforcement standards of the current edition of the Grade "A" *Pasteurized Milk Ordinance* (PMO). *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision, is hereby incorporated by reference as published by the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration, Division of Plant and Dairy Food (HFS-316), 5100 Paint Branch Parkway, College Park, MD 20740-3835. This rule does not incorporate any subsequent amendments or additions to the Pasteurized Milk Ordinance (PMO).

**AUTHORITY:** section 196.939, RSMo 2016. Original rule filed March 12, 2025.

**PUBLIC COST:** This proposed rule will not cost public entities more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed rule with the State Milk Board, 1616 Missouri Blvd., Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

## TITLE 5 – DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

### Division 20 – Division of Learning Services Chapter 400 – Office of Educator Quality

#### PROPOSED AMENDMENT

**5 CSR 20-400.440 Procedures and Standards for Approval and Accreditation of Professional Education Programs in Missouri.** The department is amending sections (3) and (4).

**PURPOSE:** This amendment ensures that only educator preparation providers able to meet rigorous standards of quality and accountability will be authorized and remain authorized to prepare educators for Missouri's children.

(3) Initial **Provider** Approval.

(A) *[An educator preparation program seeking initial approval to offer either a traditional or an alternative professional education program]* **An educational entity seeking initial approval to offer educator preparation programs and to recommend successful completers of those programs for certification in the state of Missouri shall submit [a written proposal] an application portfolio to the Department of Elementary and Secondary Education (department) [addressing**



the elements discussed in this section. All such programs shall be reviewed by the department and approved by the State Board of Education (board) pursuant to MoSPE and as outlined below. Only those programs which the department determines to have merit and potential for providing quality preparation for candidate certification will be considered for approval. The proposals], **Requests to offer initial teacher preparation and advanced educator preparation programs must be submitted separately. Applications portfolios should include [at a minimum] the following elements:**

[1. A description of the proposed program based upon a statement of the purpose and objectives for an area of the public school curriculum and a statement of the nature of the proposed program that is consistent with those objectives, the mission of the organization, and the conceptual framework for the educator preparation programs. These statements shall be based on analyses of current practices and trends in the identified area of the public school curriculum;

2. A clearly detailed plan that specifies the program's admission requirements for program candidates—

A. For traditional programs, the plan must include discussion of the program's requirements for entry-level assessments designated by the board, with qualifying scores specified by the Educator Preparation Program; and

B. For alternative programs, the admission requirements must specify that the individual shall have earned a bachelor's or higher degree from a regionally accredited institution. The degree shall be in the content area of the desired certificate of license to teach or the individual shall have achieved a passing score on the designated exit assessment(s) in a middle or secondary content area of the desired certificate of license to teach. The individual shall participate in a structured interview conducted by the educator preparation program for screening, diagnostic, and advising purposes;

3. A clearly formulated statement of the competencies for educators in the identified area of the public school curriculum. These competencies shall include subject knowledge and professional skills based upon current research and practice and shall include the competencies for educators identified in the MoSPE adopted by the board;

4. Curriculum matrix delineating the courses and supervised field and clinical experiences prescribed to address competencies appropriate for candidates to meet state certification requirements, a description of the process by which the candidates will be prepared, and provisions for assessing candidates and keeping records of their progress through the program;

5. Identification of the administrative structure of the proposed program indicating where the responsibility is vested in the educator preparation program;

6. Clearly identified resources as stipulated by MoSPE to support the program. The continuing availability of the resources shall be assured for the duration of the program. Any resources not under the control of the program shall be defined and confirmed by the controlling agency; and

7. A written plan for the continuing evaluation of the proposed program that includes definition and specifications of the kinds of evidence that will be gathered and reported to the organization and the department at designated intervals. Evaluation reports shall provide information to identify areas in the program that need to be strengthened and/or to suggest new directions for program development.]

1. A completed department-approved application form declaring the level (e.g., initial or advanced) and specific programs the entity is requesting authority to offer. The list of programs should denote the type—traditional or

alternative—of each intended program;

2. A letter of authorization to offer postsecondary programming in Missouri or a current certificate to operate from the state department overseeing higher education;

3. An attestation that entity is in full good standing in every state in which it is currently offering educator preparation programs (e.g., not on probation);

4. A description of the administrative structure of the proposed provider to include, at a minimum—

A. Individual responsible for all programs offered by the entity (e.g., dean, unit leader);

B. Individual responsible for submitting recommendations for certification and who will serve as the primary contact with the department on issues related to certification (e.g., certification officer);

C. Individual who will serve as the primary contact with the department on issues related to field experiences (e.g., director of clinical experiences);

D. Individual who will serve as the primary contact with the department on issues related to the continuous improvement processes of the entity, including but not limited to the Annual Performance Reports for Educator Preparation Providers (e.g., assessment director);

5. A description of the entity's plan for supervising clinical experiences, including student teaching in Missouri public schools;

6. A description of the entity's plan to develop lasting collaborative partnerships with at least some Missouri local educational agencies;

7. Documented evidence of the entity's history of preparing effective educators. If the applying entity has no previous experience with educator preparation, evidence of success with another professional preparation program that includes some sort of clinical experiences may be submitted;

8. Evidence of appropriate curriculum. For each proposed certification program (e.g., Elementary Education, Mathematics (9-12)), the following documents must be submitted:

A. A matrix, submitted on a department-approved form, indicating the course(s) to be used to meet each of the certification requirements; and

B. An official university syllabus for each course listed on the matrix; and

9. An attestation, signed by the entity's chief academic officer, that the institution understands, and agrees to abide by, all statutes and regulations that apply to educator preparation in Missouri, including but not limited to the Missouri Standards for the Preparation of Educators (MoSPE) and the Rules of the Department of Elementary and Secondary Education.

(B) After review, the department will recommend to the State Board of Education (board) that the application should be approved or denied. The board will determine whether or not the applying entity will be granted the authority to provide educator preparation in Missouri.

(C) The authority to provide initial teacher preparation and advanced educator preparation will be granted separately.

(D) Approved providers are only authorized to offer programs that have been explicitly approved by the department and, as appropriate, the Department of Higher Education and Workforce Development.

(E) Should a Missouri-approved educator preparation provider wish to add a specific preparation program in an area of certification not previously approved, the following



documents must be submitted to the department:

1. A completed department-provided application form indicating the certification areas the provider would like to add;

2. A matrix, submitted on a department-approved form, indicating the course(s) to be used to meet each of the certification requirements; and

3. An official university syllabus for each course listed on the matrix.

(4) Accreditation.

*[(A) Upon receiving initial approval, an educator preparation program must begin the process of seeking accreditation through the collection and submission of data in the form of annual reports consistent with the rules and regulations promulgated by the board.*

*(B) Based upon this reporting, the commissioner shall recommend to the board that an approved educator preparation program be accredited, provisionally accredited, or unaccredited. The commissioner's recommendation shall not include the removal of accreditation of programs for which the program was not afforded an opportunity for a hearing according to the provisions of Chapter 536, RSMo.*

*(C) The commissioner shall review the Annual Performance Report and may request additional information before recommendations are made to the board.*

*(D) The commissioner may authorize an interim review of an educator preparation program in accordance with the rules and regulations promulgated by the board. As a result of the review, and upon the recommendation of the commissioner, the board may revoke the approval and accreditation thereby removing an educator preparation program's authorization to recommend candidates for certification.*

*(E) Should the board disapprove any educator preparation program and/or one (1) or more of their individual areas of certification, the commissioner shall notify the program of the decision and inform the educator preparation program with reasons for the decision.*

*(F) Requisite conditions, guidelines, procedures, and standards, as set forth in the rules and regulations promulgated by the board, shall be followed by any educator preparation program seeking board approval.]*

(A) Upon receiving initial approval, an educator preparation provider must annually submit data consistent with the rules and regulations promulgated by the board. These and other available data are used by the department to generate annual performance reports.

(B) The commissioner shall review the annual performance reports and may request additional information before recommendations are made to the board.

(C) Based upon a review of available information, the commissioner shall recommend to the board that an educator preparation provider be accredited, provisionally accredited, or unaccredited.

1. In addition to data provided by annual performance reports, any failure to comply with the rules promulgated by the board, and the guidelines developed by the department to execute those rules, may also inform the commissioner's recommendation.

2. The commissioner shall not recommend the removal of accreditation of providers not afforded an opportunity for a hearing according to the provisions of Chapter 536, RSMo.

(D) Informed by the commissioner's recommendation, the board will annually make an accreditation

determination of accredited, provisionally accredited, or unaccredited, for each educator preparation provider in Missouri, with decisions about initial teacher preparation and advanced educator preparation being made separately.

(E) The commissioner may authorize an interim review of an educator preparation program in accordance with the rules and regulations promulgated by the board. As a result of the review, and upon the recommendation of the commissioner, the board may revoke the approval and accreditation thereby removing an educator preparation program's authorization to recommend candidates for certification.

(F) Should the board remove accreditation from any educator preparation provider, the commissioner shall notify the program of the decision and inform the educator preparation provider with reasons for the decision.

*AUTHORITY: sections 161.092 and 161.099, RSMo 2016, and section 161.097, RSMo Supp. [2022] 2024. Original rule filed Aug. 28, 2012, effective March 30, 2013. Amended: Filed March 20, 2020, effective Oct. 30, 2020. Amended: Filed Feb. 9, 2023, effective Sept. 30, 2023. Amended: Filed March 4, 2025.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivision more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, Attention: Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480, or by email to [educatorquality@dese.mo.gov](mailto:educatorquality@dese.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

### TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 25 – Physician Program

#### PROPOSED AMENDMENT

**13 CSR 70-25.140 Biopsychosocial Treatment of Obesity for Youth and Adults.** The MO HealthNet Division is amending sections (1)-(7), deleting section (3), and renumbering as necessary.

*PURPOSE: This amendment updates the incorporation language, removes prior authorization requirements for biopsychosocial treatment of obesity, and updates provider qualifications to allow more providers to deliver biopsychosocial treatment of obesity.*

(1) Administration. The MO HealthNet Division, Department of Social Services, shall administer Biopsychosocial Treatment of Obesity for Youth and Adult participants. Biopsychosocial treatment of obesity services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *MO HealthNet Physician Provider Manual* and

*Behavioral Health Services Manual*], which are incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at, <http://manuals.momed.com/manuals>, December 27, 2019]. The **MO HealthNet Physician Provider Manual** is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, October 7, 2024, and available at <https://mydss.mo.gov/media/pdf/physicians-provider-manual>. This rule does not incorporate any subsequent amendments or additions. The **MO HealthNet Behavioral Health Services Provider Manual** is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, October 21, 2024, and available at <https://mydss.mo.gov/media/pdf/behavioral-health-services-manual>. This rule does not incorporate any subsequent amendments or additions. Biopsychosocial treatment of obesity services covered by the MO HealthNet program shall include only those which are shown to be medically necessary.

(A) In the administration of the rule, the following definitions are used:

1. “Biopsychosocial Treatment of Obesity” means using a combination of obesity screenings[, *Medical Nutrition Therapy (MNT)*,] and Intensive Behavioral Therapy (IBT) to promote [*life style*] **lifestyle** changes leading to weight loss [*in*] **for adult [and youth] participants, and weight loss or weight stabilization for youth participants. Medical Nutrition Therapy (MNT) is a recommended but optional component of the treatment.**

A. “Adult Intensive Behavioral Therapy (IBT)” means obesity management by utilizing intensive multicomponent, behavior-based weight loss interventions that promote and sustain weight loss in adult participants.

B. “Youth Intensive Behavioral Therapy (IBT)” means obesity management by utilizing comprehensive, intensive behavior-based weight loss interventions that can include multi-component family-based behavioral treatment (FBT) interventions tailored to participant needs targeting both the parent/guardian and the youth;

2. “Body Mass Index (BMI)” means a measure that relates body weight to height and is calculated by dividing weight in kilograms (kg) by the square of height in meters (expressed in kg/m<sup>2</sup>).

A. “Body Mass Index (BMI) Percentile” means the range of BMI values as expressed in percentiles for age and gender as plotted on the pediatric BMI chart.

B. “Pediatric Body Mass Index (BMI) Chart” means a graphic display of normal progressive changes in body mass index for the pediatric population ages two (2) to twenty (20) years of age;

3. “Consultation” for the purpose of this rule means the experienced behavioral health clinician who meets provider requirements for Intensive Behavioral Therapy (IBT) outlined in this regulation [*support*] **evaluates** and [*evaluate*] **supports** the newly certified provider’s competency in delivery of behaviorally based intervention for patients diagnosed with obesity;

4. “Medical Nutrition Therapy (MNT)” means nutritional diagnostic, therapy, and counseling services furnished by a licensed registered dietitian or registered dietitian nutritionist, and includes a review of nutritional health, eating habits, and development of an individualized nutrition plan; and

5. “Qualified University” means a United States regionally

accredited college, university, or foreign equivalent, or an academic university-based medical center affiliated with such a university.

(2) Provider Participation. To be eligible to provide services for the MO HealthNet Biopsychosocial Treatment of Obesity Program –

(B) [*Provider Requirements for MNT. In order to*] **To provide [medical nutrition therapy] MNT for obesity, a [provider] practitioner is required to meet the following criteria:**

1. Have a current license to practice as a Licensed Registered Dietitian or Registered Dietitian Nutritionist in the state in which they practice;

[2. *The Provider will need to obtain one (1) of the following specialist certificates in order to provide MNT for treatment of obesity:*

A. *Certificate of Training in Adult Weight Management Program;*

B. *Certificate of Training in Obesity Interventions for Adults;*

C. *Certificate of Training in Child and Adolescent Weight Management; or*

D. *Completion of a qualified training program that provides professional medical nutrition therapy training addressing obesity and weight management treatment for participant population(s) served;*

3. *A licensed provider may provide MNT without a certificate as listed above if the provider meets the following criteria:*

A. *The provider has maintained a dietitian license credential for a minimum of two (2) years;*

B. *The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals and/or families or youth with obesity diagnoses within the past five (5) years; and*

C. *The provider will have documentation of a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential;]*

**2. Meet one (1) of the following requirements:**

A. **Have a minimum of one thousand (1,000) hours of experience delivering weight management treatment for individuals, families, or youth with obesity within the past five (5) years;**

B. **Earned a Commission on Dietetic Registration (CDR) Certificate of Training in Obesity for Pediatrics and Adults;**

C. **Earned a CDR Specialist Certification in Obesity and Weight Management (CSOWM);**

D. **Earned a CDR Adult Weight Management Certificate of Training;**

E. **Earned a CDR Childhood and Adolescent Weight Management Certificate of Training; or**

F. **Completed a state qualified training program in obesity treatment for adults and/or children; and**

3. **Licensed dietitians who provide MNT under this program must complete a minimum of three (3) hours of continuing education specific to obesity or weight management every two (2) years;**

(C) [*Provider Requirements for IBT. In order to provide individual and/or group intensive behavioral therapy (IBT) and/or family-based behavioral treatment (FBT) for youth and adults a provider is required to meet*] **To provide individual and/or group IBT and/or FBT, a practitioner is required to meet the following criteria:**

1. Have a current license to practice as one (1) of the following provider types: psychiatrist, clinical social worker,

psychologist, or professional counselor, *[marital]* **marital** and family therapist, or psychiatric advanced practice registered nurse[s]. *[Registered]* **Licensed** dietitians are eligible to provide group IBT and/or FBT **if they meet the requirements of paragraphs (2)(C)3. and (2)(C)4. of this rule;**

**2. Have one thousand (1,000) hours of experience delivering weight management behavioral treatment for individuals, families, and/or youth with obesity within the past five (5) years;**

*[2.]3. [A specialist certification for the participant population(s) served that was attained through completion of]* **Complete** a qualified training program that addresses delivery of behaviorally based intervention for adult and/or youth participants diagnosed with obesity; **and**

*[3. A licensed provider may provide IBT without a certificate with the following criteria:*

*A. The licensed provider has maintained one (1) of the aforementioned license credentials for a minimum of two (2) years;*

*B. The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals, and/or families, and youth with obesity diagnoses within the past five (5) years; and*

*C. The provider will have documentation with a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential; and]*

**4. Licensed professionals who provide IBT and/or FBT under this program must complete a minimum of six (6) hours of continuing education credits specific to obesity or weight management every two (2) years for the patient population served, either youth or adult or both.**

*[(D) Continuing Education Unit (CEU) requirement. The provider must maintain six (6) hours of obesity or weight management CEUs or professional equivalent every two (2) years for the patient population served, either youth or adult or both.*

*1. The required evaluation and documentation on compliance with certification standards post completion of a qualified training program from an experienced provider does not count toward the six (6) hours of CEUs.*

*(E) The provider must meet the provider qualifications outlined in this regulation in order to bill MO HealthNet for the service.*

*(3) Qualified Training Program Requirements.*

*(A) A qualified training program has stated learning objectives for the course content and includes the following:*

*1. Content-expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery);*

*2. Course materials developed by professionals with demonstrated expertise in the content area;*

*3. Content areas cover evidence-based approaches to effectively deliver weight management and obesity treatment for adult and/or youth participants using a family-centered, comprehensive approach; and*

*4. Sponsored by or conducted in affiliation with a qualified university.*

*(B) The training program for youth and adults participants shall contain a mix of didactics with simulation work conducted by members of the training center staff.*

*(C) The qualified training program shall provide a certificate upon completion of the program.*

*(D) Qualified training programs on IBT and FBT shall provide a means for newly certified behavioral providers to receive evaluation and documentation on compliance with post-*

*program certification standards from an experienced provider using established procedures.*

*1. After completion of the qualified training program for IBT, the provider is certified for one (1) year.*

*2. To receive the specialty certificate after one (1) year to continue delivering IBT/GBT, the provider is required to complete clinical consultations with an experienced IBT/GBT provider in accordance with established procedures.*

*3. The qualified training program will provide those completing the program details on how to obtain a renewal specialist certification and a list of experienced eligible providers to provide consultation and review IBT/GBT competency.*

*4. Renewal of specialist certification for IBT/GBT will not be issued until the new provider receives documentation on compliance with certification standards from an experienced provider.]*

*[(4)](3) Participant Criteria. Any person who is **determined** eligible for *[Title XIX] MO HealthNet* benefits *[from]* by the Family Support Division and who also meets the following criteria shall be deemed eligible to receive these services:*

*(A) Be *[five (5) through twenty (20)]* **under twenty-one (21)** years of age for youth services or twenty-one (21) years of age or older for adult services;*

*(B) Not currently pregnant; **and***

*(C) Be obese by meeting the following criteria:*

*1. For youth participants a body mass index (BMI) percentile equal to or greater than the ninety-fifth (95th) percentile for age and gender on the pediatric body mass index (BMI) chart[.]; **and***

*2. For adult participants a body mass index (BMI) equal to or greater than thirty (30)[.]; **and**].*

*[(D) Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.]*

*[(5)](4) Biopsychosocial Treatment of Obesity Services.*

*(A) Biopsychosocial Treatment of Obesity Services provide *[integrated medical nutrition therapy and]* behavioral health **and, whenever possible, adjunctive medical nutrition therapy** services, coordinated by the primary care or referring physician, or other licensed practitioner of **the healing arts**, to facilitate behavior change[s] to manage obesity and associated co-morbidities. Biopsychosocial treatment of obesity *[for youth and adult participants]* requires a referral *[and a prescribed service in the participant's plan of care]* from a *[prescribing provider]* **physician or other practitioner of the healing arts** as part of an office visit for evaluation and management. *[The prescribing provider must obtain prior authorization from MO HealthNet before the participant starts receiving services. A prescribing provider is defined as a physician or other licensed practitioner of healing arts within the scope of authorized practice under State law.**

*1. Service structure for youth participants.*

*A. Biopsychosocial Treatment of Obesity Youth Services include a six (6) month period of intervention that allows a maximum of four (4) hours of individual IBT and twenty-two (22) hours of group IBT for a total of twenty-six (26) hours of IBT and one (1) hour and forty-five (45) minutes of MNT.*

*B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional*



six (6) months of services.

C. Continuation Criteria for the youth participant months seven (7) through twelve (12) include the following:

(I) The youth participant must meet whichever is lesser of the three (3) youth benchmarks listed below, at the end of month six (6) of services—

(a) A decrease in their BMI chart percentile to less than the ninety-fifth (95th) percentile or five percent (5%) of body weight;

(b) The youth participants that had a BMI percentile at the beginning of treatment >99th percentile, shows a decrease of nine (9) units in percentage above the ninety-fifth (95th) percentile (as calculated by age and gender norms of the CDC BMI percentile curve); or

(c) Weight stabilization (defined as  $\pm 0.5$  BMI units); and

(II) If the youth participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s).

D. Continuation of Biopsychosocial Treatment of Obesity Youth services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT.

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the youth participant is twenty-nine (29) hours for IBT and two (2) hours and fifteen (15) minutes for MNT.

2. Service structure for adult participants—

A. Biopsychosocial Treatment of Obesity Adult Services include a six (6) month period of intervention that allows a maximum of three (3) hours of individual behavior therapy and nine (9) hours of group behavior therapy for a total of twelve (12) hours of behavior therapy and one (1) hour forty-five (45) minutes of MNT;

B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional six (6) months of services;

C. Continuation Criteria for the adult participant months seven (7) through twelve (12) include the following:

(I) The adult participant must meet the adult benchmark of a reduction in body weight of five percent (5%) at the end of month six (6) of services; and

(II) If the adult participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g. endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s);

D. Continuation of Biopsychosocial Treatment of Obesity Adult services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT;

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the adult participants is fifteen (15) hours for behavior therapy and two (2) hours fifteen (15) minutes for medical nutritional therapy; and

F. If the participant does not notify the provider of absences and has missed two (2) or more sessions, the provider may reevaluate the need for further services.

(B) A participant that is unable to meet the continuation criteria for the additional six (6) months of Biopsychosocial Treatment of Obesity services has the option, after twelve (12) months, to re-enroll for services if the participant meets the established criteria and has an approved prior authorization.]

1. The youth benefit includes a twelve- (12-) month period of intervention with a maximum of—

A. Four (4) hours of individual IBT;

B. Twenty-four (24) hours of group IBT; and

C. Two (2) hours and fifteen (15) minutes of MNT.

2. If the youth is not making adequate progress with weight loss or weight stabilization, the IBT provider shall consult with the referring provider who shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorder) that may complicate weight management and, if present, shall treat the medical condition while the youth continues to participate in the biopsychosocial treatment.

3. The adult benefit includes a twelve- (12-) month period of intervention with a maximum of—

A. Four (4) hours of individual IBT;

B. Eleven (11) hours of group IBT; and

C. Two (2) hours and fifteen (15) minutes of MNT.

4. If the adult is not making adequate progress with weight loss, the IBT provider shall consult with the referring provider who shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorder) that may complicate efforts to reduce weight and, if present, shall treat the medical condition while the adult continues to participate in the biopsychosocial treatment.

[(6)](5) Documentation Requirements for Biopsychosocial Treatment of Obesity.

(A) The participant's treatment record shall contain the following documentation, at a minimum:

1. The referring provider's referral [with approval from MO HealthNet for months one (1) through six (6) of services];

2. The medical nutritional assessment completed by the dietitian, **if participant is receiving MNT services;**

3. The initial behavioral assessment completed by the behavioral health [provider] **practitioner;**

4. Progress notes that include the following information from each visit:

A. A measured weight and calculated BMI for adult participants or BMI percentile for youth participants;

B. Progress the youth/parent/participant is making towards weight [loss] **management** goals;

C. Challenges (e.g., social determinants) the participant is facing and proposed solutions;

D. Recommendations for treatment/care plans; and

E. Collaborative efforts between the providers delivering primary care[,]; MNT, **if applicable;** and IBT;

[5. The documented evaluation by the dietitian, behavioral health provider, and referring provider at the end of six (6) months to determine the appropriateness for continuation of services. This should include documented progress towards

weight loss goals, a desire to continue receiving services, and confirmation of met continuation criteria;

6. If applicable the referring provider's referral with approval from MO HealthNet for months seven (7) through twelve (12) of services;

7. Final evaluation at the end of the twelve (12) month period including documented metabolic, social, and behavior change endpoints and identified barriers to maintaining weight loss if the participant qualified for continuation of services; and

8. Once services are completed, the prescribing provider shall maintain a treatment record, incorporating recommendations provided by the dietitian and behavioral health provider as appropriate, which outlines how the participant will maintain the weight loss.]

[(B)]5. [The behavioral health provider and dietitian must complete a six (6) month evaluation and the] A final evaluation report detailing the [amount] extent of weight [lost] loss or weight stabilization over the treatment period, progress with metabolic, social, and behavior change endpoints, challenges to maintaining weight loss, and any future recommendations for maintaining [the weight loss] a healthy body weight in the context of identified challenges. [Both] The evaluation[s] shall be shared with the referring provider [and will become part of the treatment record. The referring provider may incorporate these recommendations and considerations into ongoing care planning and patient management].

[(7)](6) Reimbursement Methodology.

(A) MO HealthNet provides reimbursement to enrolled [providers providing] **practitioners delivering** biopsychosocial treatment of obesity for youth and adults and who are currently licensed, certified, and in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. [Reimbursement shall only be made for services authorized by MO HealthNet or its designee.]

**AUTHORITY:** sections 208.201 and 660.017, RSMo 2016, and section 208.152, RSMo Supp. [2020] **2024**. Original rule filed Aug. 27, 2020, effective March 30, 2021. Amended: Filed March 10, 2025.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

## TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 30 – Division of Regulation and Licensure Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

#### PROPOSED RULE

#### 19 CSR 30-30.062 Complication Plans for Certain Drug- and Chemically Induced Abortions

**PURPOSE:** This rule establishes the standards governing complication plans required by section 188.021, RSMo. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

(1) For purposes of this rule, the following terms mean –

(A) Abortion – The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility – Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) Complication – Includes but is not limited to incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department – The Missouri Department of Health and Senior Services (DHSS);

(E) Drug – A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) Local area – The area within a twenty-five- (25-) mile radius of the location where the physician dispenses the abortion producing drug.

(G) OB/GYN –

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG), or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate, or who is in an ABOG approved residency; and

(H) Physician – A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity



of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Each abortion facility shall confirm with the patient the location where the patient will complete the drug-induced abortion. Complication plans shall provide for situations when the patient will complete the abortion in the local area as specified in section (3) and situations where the patient will complete the abortion outside the local area as specified in section (4).

(3) Complication plans for facilities that provide drug-induced abortions to ten (10) or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications or, in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than seven (7) days after the most recent chemically induced abortion.

(B) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(C) An OB/GYN who is a staff member or consultant to the abortion facility may have a written agreement to treat complications under a complication plan.

(D) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall –

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat the patient;

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication; and

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(E) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(F) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo, and ensure that it

is submitted to the department.

(G) The abortion facility shall ensure that before discharge every patient from the local area who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(H) An abortion facility may request a waiver to the requirement that an OB/GYN or OB/GYN group be on call to treat complications. If an abortion facility cannot contract with an OB/GYN or OB/GYN group to provide treatment for abortion-pill complications, the abortion facility must request to contract with another qualified physician or physician group to fulfill the requirements in section (3) of this rule. The waiver request shall include –

1. An explanation of the abortion facility's recent, unsuccessful efforts to contract with an OB/GYN or OB/GYN group. The explanation shall include the OB/GYN or OB/GYN groups that were contacted and the date they were contacted;

2. The name of the physician or physician group that will provide treatment for complications instead of the OB/GYN or OB/GYN group;

3. An explanation of how the physician or physician group is qualified to address complications to a similar degree as an OB/GYN; and

4. A statement that the physician will comply with all of the requirements in section (3) of this rule that would normally be fulfilled by an OB/GYN or OB/GYN group.

(4) Complication plans for all facilities for drug-induced abortions for patients outside the local area.

(A) Every complication plan shall include provisions for patients who will complete the abortion outside of the abortion facility's local area. When a physician determines that a patient will complete the abortion outside the local area, the complication plan shall require that the physician do the following:

1. Identify the patient's primary care physician or OB/GYN. If the patient does not have a primary care physician or OB/GYN, the physician shall identify an OB/GYN within a reasonable distance of the location where the patient will complete the abortion;

2. Identify the closest emergency room to the location where the patient will complete the abortion and to the patient's home, if that is a different location;

3. Inform the patient about the steps to take in the event the patient has complications from the abortion. The physician shall explain the possible complications from abortion inducing drugs as set out on the United States Food and Drug Administration's approved label for the abortion-inducing drug and explain that the FDA has recognized that up to four and six-tenths percent (4.6%) of women receiving chemically induced abortions have sought treatment at an emergency room;

4. Provide the patient with a letter describing the patient's relevant medical history and prescribed medications, including all medications prescribed to induce the abortion, to present to the patient's local OB/GYN practice or emergency room in the event the patient suffers complications. The letter must include the prescribing physician's name and contact information, information about the abortion drugs prescribed, and an overview of the patient's relevant medical history;

5. If complications occur, the prescribing physician must attempt to contact the treating physician or patient as soon as reasonably possible after learning about the complication in order to fully brief the treating physician on the patient's

relevant medical history. If the prescribing physician is unable to contact the treating physician within eight (8) hours, the prescribing physician may leave a message and contact information at the facility where the patient is being treated; and

6. The physician who prescribed the abortion-inducing drugs must take all reasonable measures to follow up with any patient who has suffered complications from an abortion-inducing drug within twenty-four (24) hours of learning of the complication. If the physician is unable to contact the patient within twenty-four (24) hours, he or she must continue to attempt to contact the patient once a day for an additional seventy-two (72) hours. If the physician is unable to contact the patient after ninety-six (96) hours, the physician must document the attempts to contact the patient and the reason for the inability to schedule the follow-up appointment. The follow-up appointment may be in person or via a telehealth visit.

(B) If the prescribing physician does not treat a patient's complications, the prescribing physician shall explain to the physician treating a patient's complication the need to prepare a complication report as required by section 188.052, RSMo, and ensure that it is submitted to the department.

(5) Submission of complication plans to the department.

(A) The physician or abortion facility shall submit complication plans to the department for approval in writing. In addition to the plan, the physician or abortion facility shall provide at least the following information in writing:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN or other physician who will provide complication coverage for patients in the local area or, if an OB/GYN or other physician group will provide coverage, the full legal name of the group and the full name of each OB/GYN or other physician who is part of the group;

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention;

4. Documents establishing that each OB/GYN who will provide complication coverage for patients in the local area under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, subject to the exception in the waiver described in subsection (3)(H) of this rule; and

5. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage for patients in the local area, subject to the waiver in subsection (3)(H) of this rule. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(B) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN or physician coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a

new or revised complication plan has been submitted to and approved by the department in writing.

(C) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

(6) The department will assess whether to rescind this rule if the preliminary injunction prohibiting enforcement of 19 CSR 30-30.061 is lifted.

*AUTHORITY: section 188.021, RSMo Supp. 2024. Emergency rule filed March 13, 2025, effective March 27, 2025, expires Sept. 22, 2025. Original rule filed March 13, 2025.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will cost private entities between zero (0) and \$2,053,125 annually.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Department of Health and Senior Services, ATTN: Office of General Counsel, PO Box 570, Jefferson City, MO 65102-0570, or via email at rules@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

- I. Department title: Health and Senior Services  
Division title: Regulation and Licensure  
Chapter title: Ambulatory Surgical Centers and Abortion Facilities**

|                            |   |
|----------------------------|---|
| <b>Rule number/name:</b>   | 19 CSR 30-30.062 / Complication Plans for Certain Drug- and Chemically- Induced Abortions |
| <b>Type of rulemaking:</b> | Proposed Rule   |

**II. SUMMARY OF FISCAL IMPACT**

| Estimate of the number of entities by class that would likely be affected by adoption of the rule: | Classification by type(s) of the business entities that would likely be affected by adoption of the rule:  | Estimate in the aggregate as to the cost of compliance with the rule by the affected entities: |
|--|--|--|
| <b>0-9</b>   | <b>Abortion Facilities, as that term is defined in section 188.015, RSMo, providing drug-induced abortions to 10 or more women a month in the local area</b> | <b>\$0 - \$2,053,125 per year</b>  |

**III. WORKSHEET**

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

**19 CSR 30-30.062(3) Complication plans for facilities that provide drug-induced abortions to 10 or more women a month in the local area.**

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than 7 days after the most recent chemically induced abortion.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is \$228,125. See assumptions below for more information about this amount.

Total annual cost across providers:

Min = \$228,125 per year x 0 medication abortion providers = \$0 per year

Max = \$228,125 per year x 9 medication abortion providers = \$2,053,125 / year

#### IV. ASSUMPTIONS

1. No cost is calculated for the development of complication plans required by section 188.015, RSMo as policy and procedure development is assumed to be part of the daily responsibilities of a facility administrator.
2. Planned Parenthood is the only provider known in Missouri at this time that desires to provide medication abortion services. There are nine (9) Planned Parenthood locations in Missouri. It is unknown how many of those facilities will provide medication abortions and therefore be required to comply with this rule. Due to that variable, the estimate of the number of entities affected by adoption of this rule is 0-9.
3. If no providers in Missouri choose to provide medication abortions, the aggregate cost of compliance with this rule will be \$0 per year.
4. 19 CSR 30-30.061 was filed in 2017 and cited an annual cost for 24/7 on-call OB/GYN services of \$182,500 per facility. Physician Side Gigs notes a roughly 25% increase in OB/GYN salaries from 2018-2023. *See* <https://www.physiciansidegigs.com/average-obgyn-salary>. Based on this information, the average annual cost of on call services is assumed to be \$228,125 per year.
5. The rule does allow for the use of non-OB/GYNs for on-call services in limited circumstances if no OB/GYN or OB/GYN group can be contracted. This variable will not impact the fiscal note because it is assumed that the cost of non-specialty providers will be less than the cost of OB/GYNs.
6. The total cost as calculated here is not reflective of a true cost increase to private entities. The existing regulation, 19 CSR 30-30.061, imposes stricter requirements on private entities that perform abortions. Because this is a new rule, this fiscal note does not take into account the costs that abortion facilities were already incurring to comply with 19 CSR 30-30.061. It is therefore likely that this rule will result in minimal, if any, actual realized cost increase for abortion providers. It may result in a cost decrease because it imposes fewer obligations on abortion facilities than the regulation it temporarily replaces.

**T**his section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

**T**he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES**  
**Division 70 – MO HealthNet Division**  
**Chapter 15 – Hospital Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 70-15.160 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 2, 2024 (49 MoReg 1809-1815). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The MO HealthNet Division received one (1) comment on the proposed amendment.

**COMMENT #1:** Fatimah Jennings, with the Missouri Department of Social Services, MO HealthNet Division, submitted a request to remove language at (1)(A)13. and (1)(D)7., update the incorporation date for the OSFS to December 3, 2024, and adjust punctuation on remaining text due to these edits.

**RESPONSE AND EXPLANATION OF CHANGE:** MO HealthNet Division removed language at (1)(A)13. and (1)(D)7., updated the incorporation date for the OSFS to December 3, 2024, and adjusted punctuation on the remaining text due to these edits.

Changes have been made to the amendment as a result of this comment.

**13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology.**

(1) *Outpatient Simplified Fee Schedule* (OSFS) Payment Methodology.

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 8, 2023. This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402, October 1, 2023, and available at <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol5/pdf/CFR-2023-title42-vol5.pdf>. This rule does not incorporate any subsequent amendments or additions.

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2. multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider



is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (MIUR) greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 22, 2023. This rule does not incorporate any subsequent amendments or additions.

A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS *Addendum A* effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS *Addendum A* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 4, 2024. This rule does not incorporate any subsequent amendments or additions.

C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical

Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

A. The Medicare *Clinical Laboratory Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 11, 2024. This rule does not incorporate any subsequent amendments or additions.

B. The Medicare *Physician Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 11, 2024. This rule does not incorporate any subsequent amendments or additions.

C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 22, 2023. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the 2023 *National Dental Advisory Service* (NDAS). The 2023 NDAS is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, December 28, 2023. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab-Technical Component* fee schedules.

A. The MHD *Dental Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

B. The MHD *Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

C. The MHD *Other Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

D. The MHD *Independent Lab-Technical Component Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)

(B)2. for each billed procedure code.

**TITLE 15 – ELECTED OFFICIALS**  
**Division 50 – Treasurer**  
**Chapter 5 – Missouri Empowerment Scholarship**  
**Accounts Program**

**ORDER OF RULEMAKING**

By the authority vested in the treasurer under section 135.719, RSMo Supp. 2024, the treasurer amends a rule as follows:

**15 CSR 50-5.020 Missouri Empowerment Scholarship**  
**Accounts Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1893-1894). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. Three (3) comments were received related to this amendment.

COMMENT #1: Jean Evans with the American Federation for Children submitted comments and two proposals related to this amendment. The first proposal is that the rule be amended by striking the requirement of “full” accreditation. The second proposal is that the background check requirement for family paced education schools only apply when children are educated outside the immediate family and this requirement should only be applied to adults present during the education day.

RESPONSE: These proposals are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

COMMENT #2: Aiden Fleming with the “yes. every kid. foundation.” submitted comments and two recommendations related to this rule. The first proposal is that the rule be amended by striking the requirement for accreditation and adopting by reference section 166.700, RSMo Supp. 2024. The second proposal is that the background check requirement for family paced education schools only apply when children are educated outside the immediate family and this requirement should only be applied to adults present during the education day.

RESPONSE: These proposals are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

COMMENT #3: Gary Hollis and Camellia Peterson with Americans for Prosperity – Missouri submitted two recommendations related to this rule. The first recommendation is to remove the accreditation requirement placed on schools in 15 CSR 50-5.020. The second recommendation is to remove the requirement that the state treasurer's office conduct a review of the criminal history records for every adult who resides in a Family Paced Education (FPE) student's home.

RESPONSE: These recommendations are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

**TITLE 15 – ELECTED OFFICIALS**  
**Division 50 – Treasurer**  
**Chapter 5 – Missouri Empowerment Scholarship**  
**Accounts Program**

**ORDER OF RULEMAKING**

By the authority vested in the treasurer under section 135.719, RSMo Supp. 2024, the treasurer amends a rule as follows:

**15 CSR 50-5.030 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1894-1895). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. Six (6) entities commented on the tax credits related to the statutory language in favor of removing said language from the rule. The summary of comments has been consolidated into one comment containing all persons or entities involved.

COMMENT: Michael Dierberg with Today & Tomorrow Educational Foundation, Jean Evans with the American Federation for Children, Peter A. Franzen with Children's Education Alliance of Missouri, Nicolette Gibson with Missouri Chapter of the Council for American Private Education, Gary Hollis and Camellia Peterson with Americans for Prosperity – Missouri, and Nathan Sanders with EdChoice each submitted comments concluding that the proposed amendment is contrary to expressed statutory language that created a \$75 million cap in tax credits and recommends removing “Such annual adjustments shall cease when the amount of tax credits reaches seventy-five (75) million dollars annually.”

RESPONSE AND EXPLANATION OF CHANGE: Section (2) will be changed by deleting the final sentence.

**15 CSR 50-5.030 Tax Credit Program**

(2) Annual Adjustment. Beginning December 1, 2022, and by December 1 each year thereafter, the treasurer shall adjust the cumulative amount of tax credits that may be allocated to all taxpayers contributing to educational assistance organizations in the next calendar year as provided by statute. Each annual adjustment shall be effective January 1 of the next calendar year.

**TITLE 15 – ELECTED OFFICIALS**  
**Division 50 – Treasurer**  
**Chapter 5 – Missouri Empowerment Scholarship**  
**Accounts Program**

**ORDER OF RULEMAKING**

By the authority vested in the treasurer under section 135.719, RSMo Supp. 2024, the treasurer amends a rule as follows:

15 CSR 50-5.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1895). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. One (1) comment was received related to this amendment.

COMMENT: Nathan Sanders with EdChoice submitted comments that the proposed amendment to 15 CSR 50-5.050(17) uses the wrong limit for the number of certified educational assistance organizations that can be approved annually.

RESPONSE AND EXPLANATION OF CHANGE: The relevant proposed deletion of ten (10) and change to seven (7) contained in section (17) of the proposed amendment will be abandoned.

**15 CSR 50-5.050 Educational Assistance Organizations**

(17) Number of Certified Educational Assistance Organizations. The treasurer shall limit the number of certified educational assistance organizations to no more than ten (10) in any single school year, with no more than seven (7) having their principal place of business in any one (1) of the following entities: Greene County, Jackson County, St. Charles County, St. Louis County, or St. Louis City. An educational assistance organization will be evaluated based on experience, geographic coverage pertaining to eligible students it can serve, readiness to award scholarship grants, and the organization's anticipated administrative expenses. All decisions regarding certification are final.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in an editable electronic file manuscript by email to [adrules.dissolutions@sos.mo.gov](mailto:adrules.dissolutions@sos.mo.gov).

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST ARISTOCRAT CUSTOM REMODELING AND CONSULTING, LLC**

On March 4, 2025, ARISTOCRAT CUSTOM REMODELING AND CONSULTING, LLC, a Missouri LLC (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date. Claims against the Company shall be mailed to:

Denker Law Firm LLC  
229 SE Douglas, Ste 210  
Lee's Summit, MO 64063

Claims must include:

- 1) The name, address, and phone number of the claimant;
- 2) The amount being claimed;
- 3) The date on which the claim arose;
- 4) The basis for the claim; and
- 5) All documentation to support the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last publication of the notice.

**NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST THE RICHARD AND MARGARET MCBRIDE FOUNDATION**

On March 3, 2025, THE RICHARD AND MARGARET MCBRIDE FOUNDATION, a Missouri nonprofit corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution plan executed and effective February 11, 2025. Said nonprofit corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation at:

THE RICHARD AND MARGARET MCBRIDE FOUNDATION  
Attn: Margaret McBride  
58 Seascapes Drive  
Palm Coast, FL 32137  
and/or  
Attn: Anthony J. Soukenik, Esq.  
c/o Sandberg Phoenix & Von Gontard P.C.  
120 S Central Ave. Suite 1600  
St. Louis, MO 63105

All claims must include:

- 1) The name and address of the claimant;
- 2) The amount claimed;
- 3) The basis for the claim; and
- 4) The date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Because of the dissolution of THE RICHARD AND MARGARET MCBRIDE FOUNDATION, any claims against it will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication date of the notices authorized by statute, whichever is published last.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST GREENSFELDER, HEMKER & GALE, P.C.**

On February 27, 2025, Greensfelder, Hemker & Gale, P.C., a Missouri professional corporation, (the "Company"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. All persons and organizations who have claims against the Company should mail such claims by letter to:

UB Greensfelder LLP  
Attn: Vincent Garozzo  
10 S. Broadway, Suite 2000  
St. Louis, MO 63102

All claims must include:

- 1) The claimant's name, address, and telephone number;
- 2) The amount of claim;
- 3) The date(s) claim accrued (or will accrue);
- 4) A brief description of the nature of the debt or the basis for the claim;
- 5) Any documentation of claim; and
- 6) if the claim is secured, and if so, the collateral used as security.

NOTICE: all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of publication of this notice.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST FOUR-R INVESTMENTS, INC**

On February 24, 2025, FOUR-R INVESTMENTS, INC. filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. The dissolution was effective February 24, 2025. You are hereby notified that if you believe you have a claim against FOUR-R INVESTMENTS, INC., you must submit a summary in writing of the circumstances surrounding your claim to:

the corporation  
c/o Christopher A. Raineri  
17111 Hidden Valley Forest Drive  
Eureka, MO 63025

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against FOUR-R INVESTMENTS, INC. will be barred unless the proceeding to enforce the claim is commenced within two years after publication of this notice.



This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 49 (2024) and 50 (2025). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

| RULE NUMBER   | AGENCY  | EMERGENCY     | PROPOSED       | ORDER         | IN ADDITION   |
|---|---|---------------|----------------|---------------|---------------|
| <b>OFFICE OF ADMINISTRATION</b>                                 |   |               |                |               |               |
| 1 CSR 10  | State Officials' Salary Compensation Schedule     |               |                |               | 47 MoReg 1457 |
| <b>DEPARTMENT OF AGRICULTURE</b>                                |   |               |                |               |               |
| 2 CSR 30-1.020  | Animal Health                                     | 50 MoReg 333  | 50 MoReg 364   |               |               |
| 2 CSR 30-10.010   | Animal Health                                     | 50 MoReg 336  | 50 MoReg 367   |               |               |
| 2 CSR 80-2.001  | State Milk Board                                  |               | 49 MoReg 1571  | 50 MoReg 381  |               |
| 2 CSR 80-2.002  | State Milk Board                                  |               | 49 MoReg 1571  | 50 MoReg 381  |               |
| 2 CSR 80-2.004  | State Milk Board                                  |               | 49 MoReg 1572  | 50 MoReg 381  |               |
| 2 CSR 80-2.005  | State Milk Board                                  |               | This Issue     |               |               |
| 2 CSR 80-5.010  | State Milk Board                                  |               | 49 MoReg 1493  | 50 MoReg 381  |               |
| 2 CSR 90-30.040   | Weights, Measures and Consumer Protection         |               | 49 MoReg 1441  | 50 MoReg 382  |               |
| 2 CSR 90-60.020   | Weights, Measures and Consumer Protection         |               | 50 MoReg 291   |               |               |
| 2 CSR 90-60.050   | Weights, Measures and Consumer Protection         |               | 50 MoReg 292   |               |               |
| 2 CSR 90-61.070   | Weights, Measures and Consumer Protection         |               | 50 MoReg 292   |               |               |
| 2 CSR 90-61.080   | Weights, Measures and Consumer Protection         |               | 50 MoReg 293   |               |               |
| 2 CSR 90-65.040   | Weights, Measures and Consumer Protection         |               | 50 MoReg 293   |               |               |
| <b>DEPARTMENT OF CONSERVATION</b>                               |   |               |                |               |               |
| 3 CSR 10-4.135  | Conservation Commission                           |               | 50 MoReg 294   |               |               |
| 3 CSR 10-4.140  | Conservation Commission                           |               | 50 MoReg 294   |               |               |
| 3 CSR 10-5.205  | Conservation Commission                           |               | 50 MoReg 414   |               |               |
| 3 CSR 10-5.560  | Conservation Commission                           |               |                |               | 50 MoReg 121  |
| 3 CSR 10-5.710  | Conservation Commission                           |               | 49 MoReg 1493  | 50 MoReg 109  |               |
| 3 CSR 10-6.415  | Conservation Commission                           |               | 49 MoReg 1495  | 50 MoReg 109  |               |
| 3 CSR 10-6.535  | Conservation Commission                           |               | 49 MoReg 1495  | 50 MoReg 109  |               |
| 3 CSR 10-6.550  | Conservation Commission                           |               | 49 MoReg 1496  | 50 MoReg 109  |               |
| 3 CSR 10-7.410  | Conservation Commission                           |               | 49 MoReg 1496  | 50 MoReg 110  |               |
| 3 CSR 10-7.412  | Conservation Commission                           |               | 49 MoReg 1496  | 50 MoReg 110  |               |
| 3 CSR 10-7.431  | Conservation Commission                           |               | 50 MoReg 295   |               |               |
| 3 CSR 10-7.450  | Conservation Commission                           |               | 49 MoReg 1497  | 50 MoReg 110  |               |
| 3 CSR 10-7.455  | Conservation Commission                           |               |                | 50 MoReg 110  |               |
| 3 CSR 10-7.700  | Conservation Commission                           |               | 50 MoReg 415   |               |               |
| 3 CSR 10-7.705  | Conservation Commission                           |               | 49 MoReg 1497  | 50 MoReg 111  |               |
| 3 CSR 10-7.710  | Conservation Commission                           |               | 49 MoReg 1498  | 50 MoReg 111  |               |
| 3 CSR 10-7.900  | Conservation Commission                           |               | 49 MoReg 793   | 49 MoReg 1305 |               |
| 3 CSR 10-9.565  | Conservation Commission                           |               | 49 MoReg 1500  | 50 MoReg 111  |               |
| 3 CSR 10-11.115   | Conservation Commission                           |               | 49 MoReg 1502  | 50 MoReg 112  |               |
| 3 CSR 10-11.120   | Conservation Commission                           |               | 50 MoReg 416   |               |               |
| 3 CSR 10-11.130   | Conservation Commission                           |               | 50 MoReg 416   |               |               |
| 3 CSR 10-11.135   | Conservation Commission                           |               | 50 MoReg 417   |               |               |
| 3 CSR 10-11.180   | Conservation Commission                           |               | 49 MoReg 1502  | 50 MoReg 112  |               |
|   |   |               | 50 MoReg 417   |               |               |
| 3 CSR 10-11.186   | Conservation Commission                           |               | 49 MoReg 1503  | 50 MoReg 112  |               |
| 3 CSR 10-11.205   | Conservation Commission                           |               | 49 MoReg 1504  | 50 MoReg 112  |               |
|   |   |               | 50 MoReg 418   |               |               |
| 3 CSR 10-12.109   | Conservation Commission                           |               | 50 MoReg 418   |               |               |
| 3 CSR 10-12.110   | Conservation Commission                           |               | 49 MoReg 1504  | 50 MoReg 112  |               |
|   |   |               | 50 MoReg 419   |               |               |
| 3 CSR 10-12.115   | Conservation Commission                           |               | 50 MoReg 419   |               |               |
| 3 CSR 10-12.125   | Conservation Commission                           |               | 50 MoReg 420   |               |               |
| 3 CSR 10-12.130   | Conservation Commission                           |               | 50 MoReg 15    | 50 MoReg 440  |               |
| 3 CSR 10-12.140   | Conservation Commission                           |               | 50 MoReg 420   |               |               |
| 3 CSR 10-12.145   | Conservation Commission                           |               | 50 MoReg 421   |               |               |
| <b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>                       |   |               |                |               |               |
| <b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>         |   |               |                |               |               |
| 5 CSR 20-400.125  | Division of Learning Services                     |               | 49 MoReg 1391  | 50 MoReg 300  |               |
| 5 CSR 20-400.440  | Division of Learning Services                     |               | This Issue     |               |               |
| 5 CSR 20-400.500  | Division of Learning Services                     |               | 50 MoReg 72    |               |               |
| 5 CSR 20-400.530  | Division of Learning Services                     |               | 50 MoReg 74    |               |               |
| 5 CSR 20-400.540  | Division of Learning Services                     |               | 50 MoReg 74    |               |               |
| 5 CSR 20-400.550  | Division of Learning Services                     |               | 50 MoReg 75    |               |               |
| 5 CSR 25-100.350  | Office of Childhood                               |               | 50 MoReg 15    |               |               |
| 5 CSR 25-200.095  | Office of Childhood                               | 50 MoReg 277  | 50 MoReg 295   |               |               |
| 5 CSR 30-660.090  | Division of Financial and Administrative Services |               | 49 MoReg 1504R | 50 MoReg 301R |               |
| <b>DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT</b> |   |               |                |               |               |
| 6 CSR 10-10.010   | Commissioner of Education                         |               | 49 MoReg 1891R | 50 MoReg 440R |               |
|   |   |               | 49 MoReg 1891  | 50 MoReg 440  |               |
| <b>MISSOURI DEPARTMENT OF TRANSPORTATION</b>                    |   |               |                |               |               |
| 7 CSR 10-4.020  | Missouri Highways and Transportation Commission   | 49 MoReg 1699 | 49 MoReg 1704  | 50 MoReg 440  |               |
| 7 CSR 10-15.010   | Missouri Highways and Transportation Commission   |               | 50 MoReg 76    |               |               |

| RULE NUMBER   | AGENCY  | EMERGENCY    | PROPOSED      | ORDER          | IN ADDITION |
|---|---|--------------|---------------|----------------|-------------|
| 7 CSR 10-25.020                                     | Missouri Highways and Transportation Commission |              | 49 MoReg 1393 | 50 MoReg 301   |             |
| 7 CSR 60-2.010                                      | Highway Safety and Traffic Division             | 50 MoReg 65  | 50 MoReg 80   |                |             |
| 7 CSR 60-2.030                                      | Highway Safety and Traffic Division             | 50 MoReg 67  | 50 MoReg 81   |                |             |
| <b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b> |   |              |               |                |             |
| <b>DEPARTMENT OF MENTAL HEALTH</b>                  |   |              |               |                |             |
| <b>DEPARTMENT OF NATURAL RESOURCES</b>              |   |              |               |                |             |
| 10 CSR 10-6.070                                     | Director's Office                               |              | 50 MoReg 145  |                |             |
| 10 CSR 10-6.075                                     | Director's Office                               |              | 50 MoReg 149  |                |             |
| 10 CSR 10-6.080                                     | Director's Office                               |              | 50 MoReg 150  |                |             |
| 10 CSR 10-6.261                                     | Director's Office                               |              | 49 MoReg 1572 | 50 MoReg 477   |             |
| 10 CSR 25-6.263                                     | Hazardous Waste Management Commission           |              | 50 MoReg 16   |                |             |
| 10 CSR 25-8.124                                     | Hazardous Waste Management Commission           |              | 50 MoReg 20   |                |             |
| 10 CSR 25-13.010                                    | Hazardous Waste Management Commission           |              | 50 MoReg 27R  |                |             |
| 10 CSR 90-2.070                                     | State Parks                                     |              | 49 MoReg 1399 | 50 MoReg 194   |             |
| 10 CSR 140-2.020                                    | Division of Energy                              |              | 49 MoReg 1400 | 50 MoReg 302   |             |
| <b>DEPARTMENT OF PUBLIC SAFETY</b>                  |   |              |               |                |             |
| 11 CSR 40-2.025                                     | Division of Fire Safety                         |              | 49 MoReg 1505 | 50 MoReg 382   |             |
| 11 CSR 40-6.020                                     | Division of Fire Safety                         |              | 49 MoReg 1505 | 50 MoReg 382   |             |
| 11 CSR 40-6.025                                     | Division of Fire Safety                         |              | 49 MoReg 1506 | 50 MoReg 382   |             |
| 11 CSR 40-6.031                                     | Division of Fire Safety                         |              | 49 MoReg 1506 | 50 MoReg 382   |             |
| 11 CSR 40-6.033                                     | Division of Fire Safety                         |              | 49 MoReg 1509 | 50 MoReg 382   |             |
| 11 CSR 40-6.060                                     | Division of Fire Safety                         |              | 49 MoReg 1509 | 50 MoReg 383   |             |
| 11 CSR 40-6.065                                     | Division of Fire Safety                         |              | 49 MoReg 1512 | 50 MoReg 383   |             |
| 11 CSR 45-1.090                                     | Missouri Gaming Commission                      |              | 50 MoReg 82   |                |             |
| 11 CSR 45-5.080                                     | Missouri Gaming Commission                      |              | 50 MoReg 84   |                |             |
| 11 CSR 45-5.190                                     | Missouri Gaming Commission                      |              | 50 MoReg 85   |                |             |
| 11 CSR 45-5.192                                     | Missouri Gaming Commission                      |              | 50 MoReg 86   |                |             |
| 11 CSR 45-5.193                                     | Missouri Gaming Commission                      |              | 50 MoReg 87   |                |             |
| 11 CSR 45-5.194                                     | Missouri Gaming Commission                      |              | 50 MoReg 88   |                |             |
| 11 CSR 45-5.200                                     | Missouri Gaming Commission                      |              | 50 MoReg 89   |                |             |
| 11 CSR 45-5.210                                     | Missouri Gaming Commission                      |              | 50 MoReg 94   |                |             |
| 11 CSR 45-5.220                                     | Missouri Gaming Commission                      |              | 50 MoReg 96   |                |             |
| 11 CSR 45-5.225                                     | Missouri Gaming Commission                      |              | 50 MoReg 97   |                |             |
| 11 CSR 45-5.230                                     | Missouri Gaming Commission                      |              | 50 MoReg 98   |                |             |
| 11 CSR 45-5.235                                     | Missouri Gaming Commission                      |              | 50 MoReg 99   |                |             |
| 11 CSR 45-5.270                                     | Missouri Gaming Commission                      |              | 50 MoReg 100  |                |             |
| 11 CSR 45-5.300                                     | Missouri Gaming Commission                      |              | 50 MoReg 100  |                |             |
| 11 CSR 45-9.102                                     | Missouri Gaming Commission                      |              | 50 MoReg 101  |                |             |
| 11 CSR 45-9.105                                     | Missouri Gaming Commission                      |              | 50 MoReg 104  |                |             |
| 11 CSR 45-9.108                                     | Missouri Gaming Commission                      |              | 50 MoReg 104  |                |             |
| 11 CSR 45-9.109                                     | Missouri Gaming Commission                      |              | 50 MoReg 104  |                |             |
| 11 CSR 45-9.118                                     | Missouri Gaming Commission                      |              | 50 MoReg 105  |                |             |
| 11 CSR 45-9.121                                     | Missouri Gaming Commission                      |              | 50 MoReg 105  |                |             |
| 11 CSR 45-13.030                                    | Missouri Gaming Commission                      |              | 49 MoReg 1442 | 50 MoReg 302   |             |
| 11 CSR 45-20.020                                    | Missouri Gaming Commission                      |              | 50 MoReg 421  |                |             |
| 11 CSR 45-20.030                                    | Missouri Gaming Commission                      |              | 50 MoReg 423  |                |             |
| 11 CSR 45-20.040                                    | Missouri Gaming Commission                      |              | 50 MoReg 424  |                |             |
| 11 CSR 45-20.050                                    | Missouri Gaming Commission                      |              | 50 MoReg 428  |                |             |
| 11 CSR 45-20.060                                    | Missouri Gaming Commission                      |              | 50 MoReg 428  |                |             |
| 11 CSR 45-20.070                                    | Missouri Gaming Commission                      |              | 50 MoReg 429  |                |             |
| 11 CSR 45-20.080                                    | Missouri Gaming Commission                      |              | 50 MoReg 430  |                |             |
| 11 CSR 45-20.090                                    | Missouri Gaming Commission                      |              | 50 MoReg 431  |                |             |
| 11 CSR 45-20.100                                    | Missouri Gaming Commission                      |              | 50 MoReg 435  |                |             |
| 11 CSR 45-20.110                                    | Missouri Gaming Commission                      |              | 50 MoReg 436  |                |             |
| 11 CSR 45-20.120                                    | Missouri Gaming Commission                      |              | 50 MoReg 438  |                |             |
| 11 CSR 45-20.130                                    | Missouri Gaming Commission                      |              | 50 MoReg 439  |                |             |
| 11 CSR 45-30.135                                    | Missouri Gaming Commission                      |              | 49 MoReg 1442 | 50 MoReg 302   |             |
| 11 CSR 45-30.280                                    | Missouri Gaming Commission                      |              | 49 MoReg 1443 | 50 MoReg 302   |             |
| 11 CSR 45-30.610                                    | Missouri Gaming Commission                      |              | 49 MoReg 1443 | 50 MoReg 303   |             |
| 11 CSR 70-2.010                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1345 | 50 MoReg 194   |             |
| 11 CSR 70-2.020                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1345 | 50 MoReg 194   |             |
| 11 CSR 70-2.050                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1346 | 50 MoReg 195Wd |             |
| 11 CSR 70-2.060                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1346 | 50 MoReg 195   |             |
| 11 CSR 70-2.120                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1444 | 50 MoReg 383   |             |
| 11 CSR 70-2.130                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1575 |                |             |
| 11 CSR 70-2.140                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1347 | 50 MoReg 195   |             |
| 11 CSR 70-2.240                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1347 | 50 MoReg 196   |             |
| 11 CSR 70-2.270                                     | Division of Alcohol and Tobacco Control         |              | 49 MoReg 1349 | 50 MoReg 196   |             |
| 11 CSR 85-1.060                                     | Veterans Affairs                                |              | 50 MoReg 150R |                |             |
| <b>DEPARTMENT OF REVENUE</b>                        |   |              |               |                |             |
| 12 CSR 10-2.155                                     | Director of Revenue                             |              | 49 MoReg 887  |                |             |
| 12 CSR 10-24.060                                    | Director of Revenue                             |              | 49 MoReg 888  |                |             |
| 12 CSR 10-24.420                                    | Director of Revenue                             |              | 49 MoReg 888  |                |             |
| 12 CSR 10-24.440                                    | Director of Revenue                             |              | 49 MoReg 637R |                |             |
| 12 CSR 10-26.231                                    | Director of Revenue                             | 50 MoReg 336 | 50 MoReg 367  |                |             |
| 12 CSR 10-41.010                                    | Director of Revenue                             | 50 MoReg 69  | 50 MoReg 105  |                |             |
| <b>DEPARTMENT OF SOCIAL SERVICES</b>                |   |              |               |                |             |
| 13 CSR 35-71.015                                    | Children's Division                             |              | 50 MoReg 27   |                |             |

| RULE NUMBER                                     | AGENCY  | EMERGENCY     | PROPOSED       | ORDER         | IN ADDITION                                  |
|---|---|---------------|----------------|---------------|--|
| 13 CSR 35-71.045                                | Children's Division   |               | 49 MoReg 1580  | 50 MoReg 385  |  |
| 13 CSR 70-4.080                                 | MO HealthNet Division   |               | 49 MoReg 1512  | 50 MoReg 385  |  |
| 13 CSR 70-10.020                                | MO HealthNet Division   | 50 MoReg 337  | 50 MoReg 367   |               |  |
| 13 CSR 70-15.010                                | MO HealthNet Division   | 49 MoReg 1329 | 49 MoReg 1804  | 50 MoReg 477  |  |
| 13 CSR 70-15.160                                | MO HealthNet Division   | 49 MoReg 1760 | 49 MoReg 1809  | This Issue    |  |
| 13 CSR 70-20.030                                | MO HealthNet Division   |               | 49 MoReg 1444  | 50 MoReg 385  |  |
| 13 CSR 70-20.045                                | MO HealthNet Division   |               | 49 MoReg 1816  | 50 MoReg 477  |  |
| 13 CSR 70-20.047                                | MO HealthNet Division   |               | 49 MoReg 1513  | 50 MoReg 386  |  |
| 13 CSR 70-20.075                                | MO HealthNet Division   | 50 MoReg 5    | 50 MoReg 29    |               |  |
| 13 CSR 70-20.200                                | MO HealthNet Division   |               | 50 MoReg 151   |               |  |
| 13 CSR 70-20.250                                | MO HealthNet Division   |               | 49 MoReg 1816  | 50 MoReg 477  |  |
| 13 CSR 70-20.300                                | MO HealthNet Division   |               | 49 MoReg 1817  | 50 MoReg 478  |  |
| 13 CSR 70-20.310                                | MO HealthNet Division   |               | 50 MoReg 153   |               |  |
| 13 CSR 70-25.140                                | MO HealthNet Division   |               | This Issue     |               |  |
| 13 CSR 70-25.160                                | MO HealthNet Division   | 49 MoReg 1489 | 49 MoReg 1513  | 50 MoReg 386  |  |
| 13 CSR 70-94.020                                | MO HealthNet Division   | 50 MoReg 465  | 50 MoReg 471   |               |  |
| 13 CSR 70-98.015                                | MO HealthNet Division   |               | 49 MoReg 1444  | 50 MoReg 386  |  |
| <b>ELECTED OFFICIALS</b>                        |   |               |                |               |  |
| 15 CSR 30-51.169                                | Secretary of State  | 49 MoReg 1768 | 49 MoReg 1818  |               |  |
| 15 CSR 30-51.170                                | Secretary of State  | 49 MoReg 1768 | 49 MoReg 1819  |               |  |
| 15 CSR 30-51.172                                | Secretary of State  | 49 MoReg 1769 | 49 MoReg 1820  |               |  |
| 15 CSR 30-51.174                                | Secretary of State  | 49 MoReg 1770 | 49 MoReg 1821  |               |  |
| 15 CSR 50-5.020                                 | Treasurer   |               | 49 MoReg 1893  | This Issue    |  |
| 15 CSR 50-5.030                                 | Treasurer   |               | 49 MoReg 1894  | This Issue    |  |
| 15 CSR 50-5.050                                 | Treasurer   |               | 49 MoReg 1895  | This Issue    |  |
| <b>RETIREMENT SYSTEMS</b>                       |   |               |                |               |  |
| 16 CSR 10-1.030                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1708  | 50 MoReg 441  |  |
| 16 CSR 10-1.040                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1708  | 50 MoReg 441  |  |
| 16 CSR 10-3.010                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1708  | 50 MoReg 441  |  |
| 16 CSR 10-5.010                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1710  | 50 MoReg 441  |  |
| 16 CSR 10-5.020                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1712  | 50 MoReg 441  |  |
| 16 CSR 10-6.020                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1712  | 50 MoReg 442  |  |
| 16 CSR 10-6.060                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1714  | 50 MoReg 442  |  |
| 16 CSR 10-6.070                                 | The Public School Retirement System of Missouri   |               | 49 MoReg 1714  | 50 MoReg 442  |  |
| <b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b> |   |               |                |               |  |
| 19 CSR 10-4.060                                 | Office of the Director  |               | 50 MoReg 154   |               |  |
| 19 CSR 10-10.030                                | Office of the Director  |               | 49 MoReg 1715  | 50 MoReg 387  |  |
| 19 CSR 20-8.030                                 | Division of Community and Public Health   |               | 49 MoReg 1583R | 50 MoReg 387R |  |
|   |   |               | 49 MoReg 1583  | 50 MoReg 387  |  |
| 19 CSR 30-1.002                                 | Division of Regulation and Licensure  | 49 MoReg 1557 | 49 MoReg 1593  | 50 MoReg 387  |  |
| 19 CSR 30-30.062                                | Division of Regulation and Licensure  | This Issue    | This Issue     |               |  |
| 19 CSR 30-110.010                               | Division of Regulation and Licensure  |               | 50 MoReg 159   |               |  |
| 19 CSR 30-110.020                               | Division of Regulation and Licensure  |               | 50 MoReg 160   |               |  |
| 19 CSR 30-110.030                               | Division of Regulation and Licensure  |               | 50 MoReg 167   |               |  |
| 19 CSR 40-10.020                                | Division of Maternal, Child and Family Health   |               | 50 MoReg 185   |               |  |
| 19 CSR 60-50                                    | Missouri Health Facilities Review Committee   |               |                |               | 50 MoReg 198<br>50 MoReg 443<br>50 MoReg 501 |
| <b>DEPARTMENT OF COMMERCE AND INSURANCE</b>     |   |               |                |               |  |
| 20 CSR  | Applied Behavior Analysis Maximum Benefit   |               |                |               | 50 MoReg 309                                 |
| 20 CSR  | Construction Claims Binding Arbitration Cap   |               |                |               | 50 MoReg 309                                 |
| 20 CSR  | Non-Economic Damages in Medical Malpractice Cap   |               |                |               | 50 MoReg 309                                 |
| 20 CSR  | Sovereign Immunity Limits   |               |                |               | 49 MoReg 1905                                |
| 20 CSR  | State Legal Expense Fund Cap  |               |                |               | 50 MoReg 309                                 |
| 20 CSR 1140-12.010                              | Division of Finance   |               | 49 MoReg 1606R | 50 MoReg 303R |  |
| 20 CSR 1140-120.020                             | Division of Finance   |               | 49 MoReg 1606R | 50 MoReg 303R |  |
| 20 CSR 1140-120.030                             | Division of Finance   |               | 49 MoReg 1606R | 50 MoReg 303R |  |
| 20 CSR 1140-120.040                             | Division of Finance   |               | 49 MoReg 1607R | 50 MoReg 303R |  |
| 20 CSR 2030-16.020                              | Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects |               | 50 MoReg 296   |               |  |
| 20 CSR 2030-16.050                              | Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects |               | 50 MoReg 297   |               |  |
| 20 CSR 2030-17.070                              | Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects |               | 50 MoReg 298   |               |  |
| 20 CSR 2030-17.080                              | Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects |               | 50 MoReg 298   |               |  |
| 20 CSR 2040-5.070                               | Office of Athletics   |               | 49 MoReg 1517  | 50 MoReg 387  |  |
| 20 CSR 2063-2.015                               | Behavior Analyst Advisory Board   |               | 49 MoReg 1607  | 50 MoReg 388  |  |
| 20 CSR 2063-6.005                               | Behavior Analyst Advisory Board   |               | 49 MoReg 1453  | 50 MoReg 196  |  |
| 20 CSR 2110-2.010                               | Missouri Dental Board   |               | 49 MoReg 1821  | 50 MoReg 388  |  |
| 20 CSR 2110-2.050                               | Missouri Dental Board   |               | 49 MoReg 1822  | 50 MoReg 388  |  |
| 20 CSR 2110-2.170                               | Missouri Dental Board   |               | 49 MoReg 1822  | 50 MoReg 388  |  |
| 20 CSR 2145-2.090                               | Missouri Board of Geologist Registration  |               | 49 MoReg 1607  | 50 MoReg 388  |  |
| 20 CSR 2150-4.201                               | State Board of Registration for the Healing Arts  |               | 50 MoReg 193   |               |  |
| 20 CSR 2232-2.030                               | Missouri State Committee of Interpreters  |               | 49 MoReg 1608  | 50 MoReg 389  |  |
| 20 CSR 2235-1.060                               | State Committee of Psychologists  |               | 49 MoReg 1608  | 50 MoReg 389  |  |
| 20 CSR 2235-5.030                               | State Committee of Psychologists  |               | 49 MoReg 1453  | 50 MoReg 197  |  |

| RULE NUMBER        | AGENCY                            | EMERGENCY | PROPOSED       | ORDER         | IN ADDITION |
|--------------------|-----------------------------------|-----------|----------------|---------------|-------------|
| 20 CSR 2270-4.060  | Missouri Veterinary Medical Board |           | 49 MoReg 1608  | 50 MoReg 389  |             |
| 20 CSR 4240-3.190  | Public Service Commission         |           | 49 MoReg 1359  | 50 MoReg 304  |             |
| 20 CSR 4240-3.305  | Public Service Commission         |           | 49 MoReg 1716R | 50 MoReg 478R |             |
| 20 CSR 4240-3.600  | Public Service Commission         |           | 49 MoReg 1716R | 50 MoReg 478R |             |
| 20 CSR 4240-10.095 | Public Service Commission         |           | 49 MoReg 1364R | 50 MoReg 307R |             |
| 20 CSR 4240-10.155 | Public Service Commission         |           | 49 MoReg 1609  | 50 MoReg 478  |             |
| 20 CSR 4240-10.165 | Public Service Commission         |           | 49 MoReg 1613  | 50 MoReg 483  |             |
| 20 CSR 4240-10.175 | Public Service Commission         |           | 49 MoReg 1614  | 50 MoReg 484  |             |
| 20 CSR 4240-10.185 | Public Service Commission         |           | 49 MoReg 1717  | 50 MoReg 486  |             |
| 20 CSR 4240-20.015 | Public Service Commission         |           | 49 MoReg 1615R | 50 MoReg 489R |             |
| 20 CSR 4240-20.017 | Public Service Commission         |           | 49 MoReg 1615R | 50 MoReg 489R |             |
| 20 CSR 4240-40.015 | Public Service Commission         |           | 49 MoReg 1616R | 50 MoReg 489R |             |
| 20 CSR 4240-40.016 | Public Service Commission         |           | 49 MoReg 1616R | 50 MoReg 489R |             |
| 20 CSR 4240-40.017 | Public Service Commission         |           | 49 MoReg 1616R | 50 MoReg 489R |             |
| 20 CSR 4240-50.050 | Public Service Commission         |           | 49 MoReg 1364R | 50 MoReg 308R |             |
| 20 CSR 4240-50.060 | Public Service Commission         |           | 49 MoReg 1719  | 50 MoReg 490  |             |
| 20 CSR 4240-60.050 | Public Service Commission         |           | 49 MoReg 1721  | 50 MoReg 493  |             |
| 20 CSR 4240-80.015 | Public Service Commission         |           | 49 MoReg 1617R | 50 MoReg 496R |             |
| 20 CSR 4240-80.017 | Public Service Commission         |           | 49 MoReg 1617R | 50 MoReg 496R |             |

**MISSOURI CONSOLIDATED HEALTH CARE PLAN**

|                 |                  |               |               |              |  |
|-----------------|------------------|---------------|---------------|--------------|--|
| 22 CSR 10-2.020 | Health Care Plan | 49 MoReg 1771 | 49 MoReg 1825 | 50 MoReg 496 |  |
| 22 CSR 10-2.025 | Health Care Plan | 49 MoReg 1774 | 49 MoReg 1828 | 50 MoReg 496 |  |
| 22 CSR 10-2.046 | Health Care Plan | 49 MoReg 1775 | 49 MoReg 1828 | 50 MoReg 497 |  |
| 22 CSR 10-2.047 | Health Care Plan | 49 MoReg 1776 | 49 MoReg 1829 | 50 MoReg 497 |  |
| 22 CSR 10-2.053 | Health Care Plan | 49 MoReg 1777 | 49 MoReg 1829 | 50 MoReg 497 |  |
| 22 CSR 10-2.055 | Health Care Plan | 49 MoReg 1777 | 49 MoReg 1830 | 50 MoReg 497 |  |
| 22 CSR 10-2.075 | Health Care Plan | 49 MoReg 1783 | 49 MoReg 1836 | 50 MoReg 497 |  |
| 22 CSR 10-2.089 | Health Care Plan | 49 MoReg 1784 | 49 MoReg 1836 | 50 MoReg 498 |  |
| 22 CSR 10-2.090 | Health Care Plan | 49 MoReg 1785 | 49 MoReg 1837 | 50 MoReg 498 |  |
| 22 CSR 10-2.120 | Health Care Plan |               | 49 MoReg 1838 | 50 MoReg 498 |  |
| 22 CSR 10-2.140 | Health Care Plan | 49 MoReg 1786 | 49 MoReg 1838 | 50 MoReg 498 |  |
| 22 CSR 10-3.020 | Health Care Plan | 49 MoReg 1787 | 49 MoReg 1839 | 50 MoReg 498 |  |
| 22 CSR 10-3.055 | Health Care Plan | 49 MoReg 1789 | 49 MoReg 1841 | 50 MoReg 498 |  |
| 22 CSR 10-3.057 | Health Care Plan | 49 MoReg 1789 | 49 MoReg 1841 | 50 MoReg 499 |  |
| 22 CSR 10-3.058 | Health Care Plan | 49 MoReg 1795 | 49 MoReg 1847 | 50 MoReg 499 |  |
| 22 CSR 10-3.059 | Health Care Plan | 49 MoReg 1796 | 49 MoReg 1847 | 50 MoReg 499 |  |
| 22 CSR 10-3.075 | Health Care Plan | 49 MoReg 1796 | 49 MoReg 1847 | 50 MoReg 499 |  |
| 22 CSR 10-3.090 | Health Care Plan | 49 MoReg 1797 | 49 MoReg 1848 | 50 MoReg 499 |  |

**MISSOURI DEPARTMENT OF THE NATIONAL GUARD**



| AGENCY | PUBLICATION | EFFECTIVE | EXPIRATION |
|--------|-------------|-----------|------------|
|--------|-------------|-----------|------------|

**Department of Agriculture**

**Animal Health**

|                 |                                      |                    |                     |               |
|-----------------|--------------------------------------|--------------------|---------------------|---------------|
| 2 CSR 30-1.020  | Laboratory Services and Fees .....   | 50 MoReg 333 ..... | Feb. 10, 2025. .... | Aug. 8, 2025  |
| 2 CSR 30-10.010 | Inspection of Meat and Poultry. .... | 50 MoReg 336 ..... | Feb. 18, 2025. .... | Aug. 16, 2025 |

**Department of Elementary and Secondary Education**

**Office of Childhood**

|                  |                           |                    |                     |               |
|------------------|---------------------------|--------------------|---------------------|---------------|
| 5 CSR 25-200.095 | Child Care Hearings ..... | 50 MoReg 277 ..... | Jan. 23, 2025. .... | July 21, 2025 |
|------------------|---------------------------|--------------------|---------------------|---------------|

**Missouri Department of Transportation**

**Missouri Highways and Transportation Commission**

|                |                                     |                     |                    |                |
|----------------|-------------------------------------|---------------------|--------------------|----------------|
| 7 CSR 10-4.020 | Relocation Assistance Program. .... | 49 MoReg 1699 ..... | Nov. 1, 2024. .... | April 29, 2025 |
|----------------|-------------------------------------|---------------------|--------------------|----------------|

**Highway Safety and Traffic Division**

|                |                                    |                   |                    |               |
|----------------|------------------------------------|-------------------|--------------------|---------------|
| 7 CSR 60-2.010 | Definitions. ....                  | 50 MoReg 65 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 7 CSR 60-2.030 | Standards and Specifications. .... | 50 MoReg 67 ..... | Jan. 1, 2025. .... | June 29, 2025 |

**Department of Revenue**

**Director of Revenue**

|                  |  |                    |                     |               |
|------------------|--|--------------------|---------------------|---------------|
| 12 CSR 10-26.231 | Maximum Dealer Administrative Fees ..... | 50 MoReg 336 ..... | Feb. 19, 2025. .... | Aug. 17, 2025 |
| 12 CSR 10-41.010 | Annual Adjusted Rate of Interest .....   | 50 MoReg 69 .....  | Jan. 1, 2025. ....  | June 29, 2025 |

**Department of Social Services**

**Children's Division**

|                  |  |                     |                    |             |
|------------------|--|---------------------|--------------------|-------------|
| 13 CSR 35-71.015 | Background Checks for Personnel of Residential Care<br>Facilities and Child Placing Agencies ..... | 49 MoReg 1759 ..... | Nov. 7, 2024. .... | May 5, 2025 |
|------------------|--|---------------------|--------------------|-------------|

**MO HealthNet Division**

|                  |  |                     |                      |                |
|------------------|--|---------------------|----------------------|----------------|
| 13 CSR 70-10.020 | Prospective Reimbursement Plan for Nursing Facility<br>and HIV Nursing Facility Services ..... | 50 MoReg 337 .....  | Feb. 4, 2025. ....   | Aug. 2, 2025   |
| 13 CSR 70-15.160 | Outpatient Hospital Services Reimbursement<br>Methodology. ....                                | 49 MoReg 1760 ..... | Oct. 30, 2024. ....  | April 27, 2025 |
| 13 CSR 70-20.075 | 340B Drug Pricing Program .....  | 50 MoReg 5 .....    | Dec. 9, 2024. ....   | June 6, 2025   |
| 13 CSR 70-94.020 | Provider-Based Rural Health Clinic .....   | 50 MoReg 465 .....  | March 17, 2025. .... | Sept. 12, 2025 |

**Elected Officials**

**Secretary of State**

|                  |  |                     |                    |             |
|------------------|--|---------------------|--------------------|-------------|
| 15 CSR 30-51.169 | Fraudulent Practices of Broker-Dealers and Agents .....  | 49 MoReg 1768 ..... | Nov. 6, 2024. .... | May 4, 2025 |
| 15 CSR 30-51.170 | Dishonest or Unethical Business Practices by Broker-<br>Dealers and Agents .....                                 | 49 MoReg 1768 ..... | Nov. 6, 2024. .... | May 4, 2025 |
| 15 CSR 30-51.172 | Dishonest or Unethical Business Practices by Investment<br>Advisers and Investment Adviser Representatives ..... | 49 MoReg 1769 ..... | Nov. 6, 2024. .... | May 4, 2025 |
| 15 CSR 30-51.174 | Fraudulent Practices of Investment Advisers and<br>Investment Adviser Representatives .....                      | 49 MoReg 1770. .... | Nov. 6, 2024. .... | May 4, 2025 |

**Department of Health and Senior Services**

**Division of Regulation and Licensure**

|                  |  |                     |                      |                |
|------------------|--|---------------------|----------------------|----------------|
| 19 CSR 30-1.002  | Schedules of Controlled Substances. ....                                       | 49 MoReg 1557 ..... | Oct. 8, 2024. ....   | April 5, 2025  |
| 19 CSR 30-30.062 | Complication Plans for Certain Drug- and<br>Chemically-Induced Abortions. .... | This Issue .....    | March 27, 2025. .... | Sept. 22, 2025 |

**Missouri Consolidated Health Care Plan**

**Health Care Plan**

|                 |   |                     |                    |               |
|-----------------|---|---------------------|--------------------|---------------|
| 22 CSR 10-2.020 | General Membership Provisions. ....   | 49 MoReg 1771. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.025 | Rule for Participating Higher Education Entity Entry<br>into the Missouri Consolidated Health Care Plan ..... | 49 MoReg 1774. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.046 | PPO 750 Plan Benefit Provisions and Covered Charges ..  | 49 MoReg 1775. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.047 | PPO 1250 Plan Benefit Provisions and Covered Charges. .   | 49 MoReg 1776. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.053 | Health Savings Account Plan Benefit Provisions and<br>Covered Charges .....                                   | 49 MoReg 1777. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.055 | Medical Plan Benefit Provisions and Covered Charges ..  | 49 MoReg 1777. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.075 | Review and Appeals Procedure. ....  | 49 MoReg 1783. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.089 | Pharmacy Employer Group Waiver Plan for Medicare<br>Primary Members .....                                     | 49 MoReg 1784 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.090 | Pharmacy Benefit Summary .....  | 49 MoReg 1785 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-2.140 | Strive for Wellness® Health Center Provisions, Charges,<br>and Services .....                                 | 49 MoReg 1786 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.020 | General Membership Provisions. ....   | 49 MoReg 1787. .... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.055 | Health Savings Account Plan Benefit Provisions and<br>Covered Charges .....                                   | 49 MoReg 1789 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.057 | Medical Plan Benefit Provisions and Covered Charges ..  | 49 MoReg 1789 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.058 | PPO 750 Plan Benefit Provisions and Covered Charges ..  | 49 MoReg 1795 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.059 | PPO 1250 Plan Benefit Provisions and Covered Charges ..   | 49 MoReg 1796 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.075 | Review and Appeals Procedure. ....  | 49 MoReg 1796 ..... | Jan. 1, 2025. .... | June 29, 2025 |
| 22 CSR 10-3.090 | Pharmacy Benefit Summary .....  | 49 MoReg 1797. .... | Jan. 1, 2025. .... | June 29, 2025 |

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

| ORDER       | SUBJECT MATTER   | FILED DATE        | PUBLICATION  |
|-------------|--|-------------------|--------------|
| <b>2025</b> |  |                   |              |
| 25-20       | Orders that the Director of the Missouri Department of Natural Resources is vested with authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025  | March 20, 2025    | Next Issue   |
| 25-19       | Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14   | March 14, 2025    | This Issue   |
| 25-18       | Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives | February 18, 2025 | 50 MoReg 413 |
| 25-17       | Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025   | February 10, 2025 | 50 MoReg 411 |
| 25-16       | Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems   | January 28, 2025  | 50 MoReg 361 |
| 25-15       | Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes  | January 28, 2025  | 50 MoReg 360 |
| 25-14       | Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education  | January 28, 2025  | 50 MoReg 358 |
| 25-13       | Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies  | January 23, 2025  | 50 MoReg 356 |
| 25-12       | Establishes a Code of Conduct for all employees of the Office of the Governor  | January 23, 2025  | 50 MoReg 354 |
| 25-11       | Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government  | January 23, 2025  | 50 MoReg 352 |
| 25-10       | Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025  | January 17, 2025  | 50 MoReg 350 |
| 25-09       | Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours  | January 15, 2025  | 50 MoReg 290 |
| 25-08       | Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025   | January 13, 2025  | 50 MoReg 288 |

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|-------------|---|------------------|---------------|
| 25-07       | Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process  | January 13, 2025 | 50 MoReg 287  |
| 25-06       | Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service   | January 13, 2025 | 50 MoReg 286  |
| 25-05       | Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state   | January 13, 2025 | 50 MoReg 285  |
| 25-04       | Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement | January 13, 2025 | 50 MoReg 284  |
| 25-03       | Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community   | January 13, 2025 | 50 MoReg 282  |
| 25-02       | Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative  | January 13, 2025 | 50 MoReg 281  |
| 25-01       | Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025  | January 3, 2025  | 50 MoReg 279  |
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| 24-16       | Orders state offices to be closed at 12:00 p.m. on Tuesday, December 24, 2024   | December 9, 2024 | 50 MoReg 14   |
| 24-15       | Orders state offices to be closed on Friday, November 29, 2024  | November 7, 2024 | 49 MoReg 1890 |
| 24-14       | Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to ongoing and forecasted severe storm systems  | November 5, 2024 | 49 MoReg 1889 |
| 24-13       | Declares a drought alert for 88 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee  | October 29, 2024 | 49 MoReg 1802 |
| 24-12       | Revokes the rescission of Executive Order 97-97   | October 24, 2024 | 49 MoReg 1801 |
| 24-11       | Rescinds 177 executive orders that are no longer necessary or applicable to the operations of the government  | October 23, 2024 | 49 MoReg 1799 |
| 24-10       | Directs the Department of Health and Senior Services to address foods containing unregulated psychoactive cannabis products and the Department of Public Safety Division of Alcohol and Tobacco to amend regulations on unregulated psychoactive cannabis products  | August 1, 2024   | 49 MoReg 1343 |
| 24-09       | Orders executive branch state offices closed on Friday, July 5, 2024  | July 1, 2024     | 49 MoReg 1188 |
| 24-08       | Extends Executive Order 24-06 and the State of Emergency until July 31, 2024  | June 26, 2024    | 49 MoReg 1187 |
| 24-07       | Extends Executive Order 23-06 and the State of Emergency until June 30, 2024  | May 30, 2024     | 49 MoReg 954  |

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| 24-06 | Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems   | May 2, 2024       | 49 MoReg 847 |
| 24-05 | Extends Executive Order 23-05 to address drought-response efforts until September 1, 2024  | April 26, 2024    | 49 MoReg 792 |
| 24-04 | Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government   | February 29, 2024 | 49 MoReg 447 |
| 24-03 | Declares a State of Emergency and declares Missouri will implement the Emergency Mutual Aid Compact (EMAC) agreement with the State of Texas to provide support with border operations | February 20, 2024 | 49 MoReg 446 |
| 24-02 | Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted winter storm systems   | January 11, 2024  | 49 MoReg 270 |
| 24-01 | Orders the Dept. of Agriculture to establish rules regarding acquisitions of agricultural land by foreign businesses   | January 2, 2024   | 49 MoReg 136 |



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